

Borough of



Brighouse

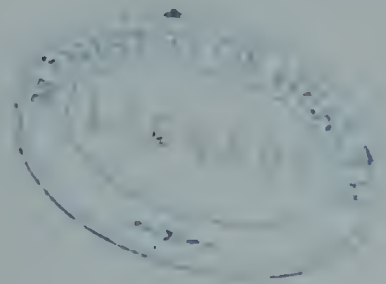
Annual Report

of the

Public Health Services

of the Borough of Brighouse

1950



FRANK APPLETON, M.B., Ch.B., D.P.H.,
Medical Officer of Health

Borough of



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Medical Officer of Health

Borough of Brighouse

Health, Hospital and Welfare Committee

(As at December 31st, 1950)

His Worship the Mayor :
Alderman G. A. STILLINGFLEET, J.P.

Chairman :
Councillor H. Armitage, J.P.

Vice-Chairman :
Alderman TATTERSALL.

Alderman	HINCHLIFFE.	Councillor	GREEN.
"	WHITELEY.	"	KENDALL.
Councillor	C. F. BOTTOMLEY.	"	REDFEARN.
"	BROADBENT.	"	STEBBINGS.
"	CLAMP.	"	TURNER.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

His Worship the Mayor : Alderman G. A. STILLINGFLEET, J.P.

Councillor H. ARMITAGE, J.P. (Chairman).

Alderman TATTERSALL (Vice-Chairman).

Alderman	WHITELEY.	Mrs.	G. BROWN.
Councillor	BROADBENT.	"	M. PICKARD.
"	KENDALL.	"	P. L. WHITLEY.
Mrs.	S. BROOK.	"	G. H. HALL.

Health Department

PUBLIC HEALTH OFFICERS.

Medical Officer of Health :

F. APPLETON, M.B., Ch.B., D.P.H. Also Divisional Medical Officer, Division 18, West Riding County Council; Medical Superintendent, Clifton Ante-Natal Hostel; Medical Officer, Holywell House.

Deputy Medical Officer of Health and Deputy Divisional Medical Officer :

Mrs. A. MARSHALL, M.B., Ch B.

Assistant County Medical Officer for Division 18, West Riding County Council :

Mrs. A. SEELIG, M.D. (Strasbourg). (Terminated 31st October, 1950).

Miss J. K. HARDY, M.B., Ch.B. (Appointed 1st November, 1950).

Orthopædic Surgeon :

**W. BARCLAY, M.C., F.R.C.S.

Ophthalmic Surgeons :

**R. W. GREATOREX, M.B., Ch.B.

**P. M. WOOD, M.B., Ch.B., D.O.M.S., F.R.C.P.

Dental Officer :

J. TODD, L.D.S.

Chief Sanitary Inspector and Cleansing Superintendent :

C. R. MOSS, M.B.E., F.Inst.P.C., F.S.I.A.

Ollett Gold Medallist—Sanitary Inspectors' Association.

Assoc. Mem. Inst. San. Engineers.

Cert. Royal Sanitary Institute.

Cert. Inspector of Meat and Foods.

Testamur Institute of Public Cleansing.

Deputy Chief Sanitary Inspector :

J. F. ASPINALL, M.S.I.A., A.M.Inst.P.C.

Cert. R.S.I. and S.I.J.E.B.

Cert. Inspector of Meat and Foods.

Diploma Institute of Hygiene.

Testamur Institute of Public Cleansing.

Additional Sanitary Inspectors :

- D. BROOK, M.S.I.A.
Cert. R.S.I. and S.I.J.E.B.
Cert. Inspector of Meat and Foods.
N. N. MORRIS, M.S.I.A.
Cert. R.S.I. and S.I.J.E.B.
Diploma Institute of Hygiene.

Acting Senior Health Visitor :

- Miss M. LATIMER, S.R.N., S.C.M.
Health Visitor's Certificate.
Queen's Nurse.

Health Visitors :

- Miss K. MITCHELL, S.R.N., S.C.M., S.R.F.N. (Terminated
31st March, 1950).
Health Visitor's Certificate.
Miss M. C. CHRISTIE, S.R.N., S.C.M.
Health Visitor's Certificate.
Mrs. L. P. VAN DER ENDE, S.R.N. (Appointed 3rd July,
1950).
Health Visitor's Certificate.

School Nurse :

- Miss A. D. ANDERSON, S.R.N., S.C.M.

Assistant Health Visitors :

- Miss K. H. FIRTH, S.R.N., S.C.M., S.R.F.N. (Appointed
3rd July, 1950).
Mrs. I. HEPWORTH, S.R.N., S.C.M., S.R.F.N.
*Mrs. J. P. PICKARD, S.R.N., S.C.M.

Midwives :

- Mrs. E. BRIGGS, S.R.N., S.C.M. (Appointed 1st January,
1950).
Miss E. V. CROSSLEY, S.R.N., S.C.M.
Mrs. N. FOSSARD, S.R.N., S.C.M., S.R.F.N.
Miss M. E. THOMPSON, S.R.N., S.C.M.

Home Nurses :

- Miss O. SALISBURY, S.R.N.
Mrs. F. SYKES, S.R.N.
Miss A. TOLLAND, S.R.N., S.C.M. (Appointed 7th January,
1950).
Miss A. WHITELEY, S.R.N., S.C.M.

Matron, Clifton Ante-Natal Hostel :

Miss F. E. ALLEN, S.C.M.

Staff at Day Nurseries :

Miss M. CARROLL, Certificated Teacher.

Wellholme Park :

Miss M. E. SHEFFIELD, S.R.F.N., Matron.

Mrs. D. S. FREEMAN, S.R.N., Deputy Matron.

Ogden Lane :

Miss V. M. CLARKE, S.R.N., S.C.M., Matron.

Miss H. HESELTON, S.C.M., M.T.S., Deputy Matron.

Holme House :

Miss D. BAILEY, C.N.N., Matron.

Miss J. TORDOFF, S.R.N., S.R.F.N., Deputy Matron.

These personnel were assisted by a staff of Certificated Nursery Nurses and Nursery Assistants.

Senior Clerk :

G. O. RICHARDSON.

Clerks :

Mrs. M. ANDERTON.

Miss I. HOLMES.

Miss S. WALTON.

J. R. C. WELLS.

Miss C. WOOD.

School Health Service :

Miss M. SESSIONS.

Miss M. TAYLOR.

Cleansing and Sanitary Section :

Mrs. J. PICKARD.

Miss M. STIRK. (Commenced 1st April, 1950).

A. E. HOLDSWORTH (Cleansing Services). (Called up to H.M. Forces, November, 1950).

Divisional Depot Superintendent, County Ambulance Service :

W. ANDERSON.

* Part time.

** Part time by arrangement with the Regional Hospital Board.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE BOROUGH OF BRIGHOUSE.

Mr. Mayor, Madam and Gentlemen,

I have the honour to present the Annual Report on the work of your Public Health Department for 1950.

Mr. H. Armitage, the Chairman of the Health Committee, passed away before the publication of this Report. His loss has been felt in many circles as he had a wide sphere of influence, but nowhere was it felt more deeply than in this Department. We shall always be grateful for his inspired leadership. I believe that the Health Services of this town will continue to provide a constant memorial to him.

Much of this Report is an account of the personal health services. These are, of course, carried out in my capacity as Divisional Medical Officer for the West Riding County Council. I am helped and strengthened in this work by the good advice and helpful co-operation of the Maternity and Child Welfare Committee. This Committee has now no statutory duties but its members have continued to display a very lively interest in our work of personal health.

We are concerned with community health and much of our work and indeed almost all our work for the Borough is on problems of environmental health. But community health is the summation of individual personal health and we are concerned vitally with the personal health of every member of the community. Naturally we can give most help to the ones who need it most, to the weakest members of the community. These include the very young and the very old and the mentally ill, and a report on our work with these people is given herein.

The vital statistics have several notable features. The Birth Rate (14.81) was our lowest post-war rate and is barely sufficient to maintain our population. The Death Rate (14.0) was slightly lower than that of last year.

Although we had one less infant death than last year, our Infantile Death Rate (24) was slightly higher than our record low one last year due to the decrease in the number of births. It is still a matter of great satisfaction that it is considerably lower than that for the Country as a whole (29) and barely two-thirds of that for the Administrative County. The continued low infantile death rate of this Borough does, I believe, indicate a high standard of infant care and is a tribute to the unselfish, unsparing work of our Health Visitors, and to the good sense and loving competence of our young mothers.

The principal infectious diseases were again Measles and Chicken Pox. The incidence of these diseases was very much lower

than last year. There were three cases of Anterior Poliomyelitis. Although this disease may have very serious consequences and can never be lightly regarded, its infectivity is not high and a large number of cases recover completely. The alarm occasioned in a community by a case of this disease is out of proportion to the danger to the population.

Our Vaccination Rate was very good this year : this is not entirely a matter for congratulation as the increase was largely due to suspected cases in neighbouring districts. It is unfortunate that so many mothers neglect to have their children vaccinated in infancy when it is hardly noticed by the child.

The incidence of Tuberculosis was lower than last year. The increased incidence last year, however, was mainly occasioned by the earlier ascertainment of the Mass Radiography Unit, and a fall in incidence was expected.

The year under review was the second year of the National Health Service Act, and we have now a fuller idea of its advantages and shortcomings. It was disappointing to us that the emphasis of this Act appeared to be on treatment rather than on prevention ; as Public Health Officers we were only too aware that curative methods always make a more spectacular appeal than the preventive side of medicine can hope to do. Our success is measured in the prevention of illness and the reduction in the amount of ill-health cannot readily be measured, but we are not now content with the prevention of ill-health ; it is our aim to promote positive health.

An inevitable outcome perhaps of a much publicised free service was a greatly increased demand for spectacles, teeth and drugs. None of us who have seen the old age pensioners and others in poor economic circumstances deprived by reason of cost from having adequate spectacles, could not but be glad that the provision of proper spectacles was free to all. The provision of teeth was also a measure which we welcomed. Indeed, in the prevention of headaches and digestive disturbances these two free services belonged to the preventive as well as the curative side of national health. But both these provisions had most unfortunate sequelæ from the preventive point of view. If the objects of the National Health Service Act were to make the best use of the available resources, it would surely have been wiser to make certain that the school dental service and the school ophthalmic service were on sound foundations before providing for the older members of the community whose bad teeth were often the result of imperfect prevention in the past. The provision of spectacles for the young is often a more urgent matter than for the adult.

The provision of free drugs has regrettably resulted in their consumption being vastly increased. This is indeed disappointing. There has also been a tendency to misuse of the Ambulance Service, which was never intended to be a free substitute for public transport. The removal of the Clinical Tuberculosis Service and the hospitals

for infectious diseases from the control of Public Health Departments were also measures with which we could not be in full accord.

But the National Health Service Act gave us greatly increased scope in Section 28 in respect of the prevention of illness, care and after-care, and the Health Visitor became even more than before the family adviser and friend. The expansion of the Public Health Services in respect of care and after-care has been greater than I anticipated, and we are playing an ever-increasing part in the welfare of the community.

Another service which is undoubtedly invaluable and which has increased beyond expectations has been the Home Help Service. Some of this increase has been due to the lack of sufficient provision of hospital accommodation for the chronic sick and debilitated aged. The removal to hospital of the chronic sick has become very much a socio-medical problem and we have been able to work with the hospitals in assessing the priority of admission of these cases.

I am glad to say that free medical treatment has not resulted in any marked falling-off in attendance at the Child Welfare Centres, where mothers of normal, healthy children still receive instruction in the maintenance of good health of themselves and their children.

I am also pleased to record that almost all our expectant mothers still receive ante-natal care, although the number attending local health authority clinics is somewhat smaller.

The new relaxation clinic in which the mother receives instruction in the mechanism of labour, and in which she is advised as to the proper and timely use of her muscles has proved of undoubted value.

The Clifton Ante-Natal Hostel has continued to play its part in the prevention of ill-health during pregnancy. By the provision of rest and education for the expectant mother who often has no time for either, by the correction of dietary deficiencies, by the instruction in housewifery when this is necessary, and by advice on many problems which were a source of mental ill-health, we have been able to carry out here a most important preventive health service. This Hostel has served a very much wider field than the area of Brighouse Borough, but several Brighouse mothers have benefitted by it.

Although this year we have had three Day Nurseries open, the demand for Day Nursery accommodation was still unsatisfied, and every case had to be carefully considered on its merits before admission.

It is still my belief that the most important preventive health service that this Council undertakes is that of the re-housing of the people. Everyone in this town has reason to be grateful for the untiring efforts of the Housing Committee in trying to provide in

the shortest possible time good houses for the future men and women of Brighthouse. The importance of a satisfactory house in the prevention of both mental and physical ill-health cannot be over-estimated, and I believe that the subsidy, like so many preventive measures, is probably cheaper to the community than the cost of treatment of the illness it prevents. As with all our preventive health services this is immeasurable, but I earnestly hope that whatever sacrifices have to be made for economic reasons the houses of the people will not be sacrificed.

The high cost of repairs with which rents have not been allowed to rise, has led to an increasing dilapidation of private houses. This has led to an increase in work and to an increase in the difficulties of the Sanitary Inspector. Landlords who would previously have repaired their houses automatically now have to be reminded to do so. Already we have a large number of sub-standard houses. Unless there is some provision for the increase of rents, contingent perhaps on the proper maintenance of the houses, I am afraid we shall have many more.

Except for two huts at Fort Shibden, the vacation of which is earnestly desired, the only remaining squatters' camp is at Birds Royd. I hope that the day is not too far distant when this too can be eliminated, but it is difficult to see how we can dispose of it until very many more houses have been built.

I look forward to the day when the Council are again building houses to re-house tenants from houses condemned under the Housing Acts.

In conclusion, I should like to thank you, Mr. Mayor, Mr. Chairman, Madam and Gentlemen, for your unfailing courtesy and help during the year. To my colleagues, the Town Clerk and other Chief Officials, I also record my gratitude for their continued kindness and co-operation. Without the help of the staff of the Public Health Department this Report would never have been written, and still more important, the work would never have been carried out. Their energy has been unfailing, their cheerfulness and co-operation unimpaired, and I am sure that together, despite disappointments, much has been accomplished.

Preventive medicine is not static and an ever-widening field opens before us, but with their help and your support we shall go forward confidently.

I have the honour to be, Mr. Mayor, Madam and Gentlemen,
Your obedient servant,

FRANK APPLETON,

Medical Officer of Health.

December, 1951.

Annual Report of the Medical Officer of Health for the Year 1950

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

AREA (in Acres)	7,875
POPULATION : Census, 1931, 30,404. 1950 (est.)	30,710
AVERAGE NUMBER OF PERSONS PER ACRE	3.9
NUMBER OF INHABITED HOUSES	10,795
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE	1.37
AVERAGE NUMBER OF PERSONS PER HOUSE	2.84
RATEABLE VALUE	£166,239
PRODUCT OF A PENNY RATE	£664

The number of persons unemployed at the end of 1950 were :—

	Men.	Women.	Total.
Claimants	4	5	9
Non-Claimants	—	2	2
	4	7	11

Two of these men were Registered Disabled Persons not suitable for ordinary employment. During the year several seriously disabled persons were successfully placed locally.

All local trades continued to maintain full-time employment. A full list of classified trades carried on in the Borough is given in the Report by the Sanitary Inspector.

I am indebted for the above information to Mr. Bennett, the Manager of the local Employment Exchange.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

Live Births—	M.	F.	Totals
Legitimate	236	196	432
Illegitimate	11	12	23
Total	247	208	455

Live Birth Rate : 14.81 per 1,000 of estimated resident population.

Still Births—	M.	F.	Totals
Legitimate	3	3	6
Illegitimate	—	—	—
Total	3	3	6

Still Birth Rate per 1,000 total (live and still) births : 13.02.

Deaths—	M.	F.	Totals
	191	239	430

Crude Death Rate : 14.0 per 1,000 of estimated resident population.

Adjusted Death Rate : 12.9 " " " "

Deaths from Maternal Causes—	Deaths	Rate per 1,000 total (live & still) Births
Puerperal Sepsis	—	—
Other Maternal Causes	—	—
Total	—	—

Death Rate of Infants under one year of age—

All Infants per 1,000 live births	24.20
Legitimate Infants per 1,000 legitimate live births	23.15
Illegitimate Infants per 1,000 illegitimate live births	43.48

Deaths from Diseases of the Heart and Circulation (all ages)	188
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Deaths from Cancer (all ages)	79
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Deaths from Measles (all ages)	—
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Deaths from Whooping Cough (all ages)	1
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TABLE 1.

BIRTH RATES, CIVILIAN DEATH RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY and CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1950
for England and Wales, London, 126 Great Towns, 148 Smaller Towns and Brighouse.

(Provisional Figures based on weekly and quarterly Returns).

	England and Wales	126 County Boro's and Great Towns (including London)	148 Smaller Towns (Resident Popu'tions 25,000 to 50,000 at 1931 Census)	London Adminis- trative County	Brighouse
Births—					
Rates per 1,000 Home Population					
Live births	15.8	17.6	16.7	17.8	14.81
Still births	0.37	0.45	0.38	0.36	0.19
Deaths—					
All Causes	11.6	12.3	11.6	11.8	14.00
Typhoid and Para- typhoid	0.00	0.00	0.00	0.00	0.00
Whooping Cough ...	0.01	0.01	0.01	0.01	0.03
Tuberculosis	0.36	0.42	0.33	0.39	0.10
Influenza	0.10	0.09	0.10	0.07	0.06
Smallpox	0.00	0.00	0.00	0.00	0.00
Acute Poliomyelitis (including Polio- encephalitis) ...	0.02	0.02	0.02	0.01	0.03
Pneumonia	0.46	0.49	0.45	0.48	0.19
Notifications (corrected)—					
Typhoid Fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid Fever...	0.01	0.01	0.01	0.01	0.00
Meningococcal infec- tion	0.03	0.03	0.02	0.03	0.00
Scarlet Fever	1.50	1.56	1.61	1.23	1.49
Whooping Cough ...	3.60	3.97	3.15	3.21	3.22
Diphtheria	0.02	0.03	0.02	0.03	0.03
Erysipelas	0.17	0.19	0.16	0.17	0.06
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	8.39	8.76	8.36	6.57	4.98
Pneumonia	0.70	0.77	0.61	0.50	0.33
Acute poliomyelitis (including Polio- encephalitis):					
Paralytic	0.13	0.12	0.11	0.08	0.09
Non-paralytic ...	0.05	0.05	0.06	0.05	0.00
Food Poisoning ...	0.17	0.16	0.14	0.25	0.00

		Rates per 1,000 Live Births				
Deaths—						
All causes under 1 year of age ...	29.8 (a)	33.8	29.4	26.3	24.20	
Enteritis and Diarrhoea under 2 years of age ...	1.9	2.2	1.6	1.0	0.00	
		Rates per 1,000 Total (Live and Still) Births				
Notifications (corrected)—						
Puerperal Fever and Pyrexia ...	5.81	7.43	4.33	6.03	0.06	

MATERNAL MORTALITY IN ENGLAND AND WALES.

		Rates per 1,000 Total (Live and Still) Births)	
Abortion with Sepsis...	0.09		0.00
Other Abortion ...	0.05		0.00
Complication of preg- nancy and delivery...	0.54		0.00
Sepsis of childbirth and the puerperium ...	0.03		0.00
Other complications of the puerperium ...	0.15		0.00
(a) Per 1,00 related live births.			

TABLE 2.

CAUSES OF DEATH OF BRIGHOUSE RESIDENTS IN 1950.

Causes of Death.					1950. All Ages.		Total.
					M.	F.	
1.	Tuberculosis—respiratory	...	...	...	1	—	1
2.	Tuberculosis—other	...	...	...	1	1	2
3.	Syphilitic disease	...	...	...	1	—	1
4.	Diphtheria	...	...	...	—	—	—
5.	Whooping Cough	...	...	...	1	—	1
6.	Meningococcal infections	...	...	...	—	—	—
7.	Acute poliomyelitis	...	...	...	1	—	1
8.	Measles	...	...	...	—	—	—
9.	Other infective and parasitic diseases	...	...	...	1	1	2
10.	Malignant neoplasm stomach	...	...	...	8	8	16
11.	Malignant neoplasm lung, bronchus	...	...	...	4	5	9
12.	Malignant neoplasm breast	...	...	...	—	11	11
13.	Malignant neoplasm uterus	...	...	...	—	4	4
14.	Other malignant and lymphatic neoplasms	...	...	...	17	22	39
15.	Leukæmia, aleukæmia	...	...	...	—	—	—
16.	Diabetes	...	...	...	—	4	4
17.	Vascular lesions of nervous system	...	...	...	22	37	59
18.	Coronary disease, angina	...	...	...	38	21	59
19.	Hypertension with heart disease	...	...	...	6	5	11
20.	Other heart disease	...	...	...	29	55	84
21.	Other circulatory disease	...	...	...	18	16	34
22.	Influenza	...	...	...	1	1	2
23.	Pneumonia	...	...	...	2	4	6
24.	Bronchitis	...	...	...	11	9	20
25.	Other diseases of respiratory system	...	...	...	5	—	5
26.	Ulcer of stomach and duodenum	...	...	...	2	1	3
27.	Gastritis, enteritis and diarrhœa	...	...	...	1	2	3
28.	Nephritis and nephrosis	...	...	...	1	4	5
29.	Hyperplasia of prostate	...	...	...	3	—	3
30.	Pregnancy, childbirth, abortion	...	...	...	—	—	—
31.	Congenital malformations	...	...	...	1	1	2
32.	Other defined and ill-defined diseases	...	...	...	8	18	26
33.	Motor vehicle accidents	...	...	...	1	—	1
34.	All other accidents	...	...	...	2	5	7
35.	Suicide	...	...	...	5	3	8
36.	Homicide and operations of war	...	...	...	—	1	1
Totals					191	239	430

VITAL STATISTICS.

The estimate of the population of Brighouse is the mid-year estimate of the Registrar General. His estimate is 30,710, compared with the mid-year estimate of 30,760 for 1949. He considers, therefore, that our population has decreased by 50.

Birth Rate.

The birth rate for the year is 14.81 per 1,000 of the population. This is 1.61 below the rate for the previous year, 1.0 below the rate for England and Wales, 1.9 below the rate for the 148 Small Towns and 1.5 below the rate for the West Riding Administrative County. It is the lowest birth rate we have had in the post-war years.

There were 23 illegitimate births, representing 5 per cent. of the total live births and an illegitimate birth rate of 0.75 per 1,000 of the estimated population.

During the year there were 6 stillbirths, none of which were illegitimate. This gives a stillbirth rate of 13.02 per 1,000 (live and still) births as compared with 24 for the Administrative County of the West Riding of Yorkshire and 17.51 for this town last year. This is 0.19 per thousand of the population, this latter figure being 0.18 below the rate based on the population for England and Wales.

Death Rate.

The Death Rate for the Borough is 14.0 per 1,000 of the population. This is slightly lower than the rate for last year (14.08). To compare the death rate with any degree of accuracy with that of the Country as a whole it is necessary to adjust the crude death rate by multiplying it by the area comparability factor. Every district varies as to the distribution of population among the sexes and in age ranges. The area comparability factor is an attempt to standardize our sex and age range with that of the Country as a whole. Our area comparability factor is 0.92, which means that with our present sex and age range the crude death rate has to be adjusted downwards to bring it into line with the Country as a whole and our corrected death rate is 12.9, which is above the rate for England and Wales (11.6) and above that for the West Riding Administrative County (11.8).

The chief causes of death this year were, in order of frequency :—

1. Diseases of the Heart and Circulation—188 (compared with 167 in 1949).
2. Cancer—79 (compared with 65 in 1949).

3. Intra-Cran. Vasc. Lesions—59 (compared with 57 in 1949).
4. Pneumonia, Bronchitis, Influenza and other respiratory diseases—33 (compared with 56 in 1949).

Infant Deaths.

11 children under one year of age died during the year. One of these children was illegitimate. As there were 23 illegitimate births this gives an illegitimate infantile death rate of 43.48.

The Infantile Mortality Rate, or the Death Rate of Infants under one year of age per 1,000 live births, is 24.2. It will be remembered that last year we had an Infantile Death Rate of 23.76, which was the lowest ever recorded in this Borough. Although we had one less infant death this year than last year, with the large fall in the birth rate the infantile death rate actually works out as 0.4 (per 1,000 total live births) higher than that of last year and can still be considered with satisfaction, especially when it is compared with the rate for the Country as a whole (29.8), the rate for the 148 Small Towns (29.4) and the rate for the West Riding Administrative County (35). It should be remembered, however, that we are dealing with small numbers and an additional death would have made a considerable difference.

There were six stillbirths, as compared with nine last year, and the total deaths of infants from stillbirth or failure to survive one year of life is only 17, a record low figure for this Borough, and the rate of 36.88 is the lowest rate ever recorded. It will be seen then that our record low rates last year do not appear to be mere statistical freaks but do seem to bear a relation to the increasing attention given by everyone, particularly by the Health Visitors, to the all-important duty of preserving infant life.

Particulars of the deaths of children under one year of age are appended below and last year's figures are given in brackets:—

- 4 (6) under 24 hours (1 male, 3 females).
- 3 (1) between one day and seven days (males).
- 1 (1) between one week and one month (female).
- 1 (1) between one month and three months (male).
- 1 (2) between three months and nine months (male).
- 1 (1) between nine months and twelve months (female).

Three of the children who died within 24 hours were born prematurely, two of them being born at home and the other being born in hospital. All three of the mothers lived under overcrowded conditions. The fourth child, who was born in hospital, died of a birth injury. Of the children who died between the first and the seventh day one died from birth injuries, another was born with a congenital deformity, and in the third case, where the mother had

had toxæmia during pregnancy, the baby was born prematurely as a result of an induction.

The child who died between the first and the fourth week suffered from a respiratory infection, probably contracted from another member of the family. The danger of respiratory infection to young children is only too well-known in this industrial district. The child who died between one month and three months died from Broncho Pneumonia as a sequela of Whooping Cough.

Of the remaining two children who died within the first year of life, still another died from respiratory infection. The remaining child died from Tuberculous Meningitis.

A Table is inserted giving particulars of all the infant deaths tabulated as to cause and time of survival and according to the time of year in which the child died.

TABLE 3.
CAUSES OF INFANTILE MORTALITY IN BRIGHOUSE
BOROUGH, 1950.

Cause of Death,	1 day and under.														
	1 day and under.	2—7 days.	8—14 days.	15—21 days.	22—28 days.	In first month.	2—3 months.	4—6 months.	7—9 months.	10—12 months.	In first year.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.
Premature Birth ...	3	1	—	—	—	—	—	—	—	—	4	1	1	—	2
Broncho Pneumonia...	—	—	—	—	1	—	1	1	—	—	3	1	1	—	1
Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—
Birth Injuries ...	1	1	—	—	—	—	—	—	—	—	2	1	1	—	—
Congenital malformation ...	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—
Totals ...	4	3	—	—	1	—	1	1	—	1	11	5	3	—	3

Premature Births.

There were 35 children born prematurely during the year. Seven of these were born at home, four of whom survived. Of the 28 children born in hospital 26 survived. The Sorrento cot for the care of premature babies, which is based at the Ambulance Depot, was again called out on four occasions during the year.

A Table is appended giving details of the premature births.

TABLE 4.

TABLE SHOWING BIRTH WEIGHTS OF PREMATURE INFANTS.

Domiciliary Confinements.

Birth Weight. lbs. ozs.	No. of Infants.	No. of Infants who survived		
		24 hours.	2—7 days.	1 month.
2 —	1	—	—	—
2 8	1	—	—	—
4 —	1	—	—	—
4 12	1	1	1	1
5 —	1	1	1	1
5 8	2	2	2	2
Totals ...	7	4	4	4

Institutional Confinements.

Birth Weight. lbs. ozs.	No. of Infants.	No. of Infants who survived		
		24 hours.	2—7 days.	1 month.
3 —	1	1	1	1
3 15	1	1	—	—
4 —	1	—	—	—
4 6	2	2	2	2
4 7	1	1	1	1
4 8	2	2	2	2
4 9	2	2	2	2
4 10	1	1	1	1
4 13	2	2	2	2
4 14	1	1	1	1
4 15	1	1	1	1
5 1	2	2	2	2
5 2	2	2	2	2
5 4	1	1	1	1
5 5	2	2	2	2
5 6	1	1	1	1
5 8	5	5	5	5
Totals ...	28	27	26	26

Maternal Deaths.

There were no maternal deaths in this Borough during 1950.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Dr. A. Seelig terminated her appointment as Assistant County Medical Officer on the 31st October, 1950, and Dr. J. K. Hardy was appointed as Assistant County Medical Officer from the 1st November, 1950.

Laboratory Facilities.

The Public Health Laboratory, Wakefield, continues to receive clinical material and water samples for bacteriological examination, while chemical analysis is carried out by Messrs. F. W. Richardson and A. Jaffe, Bradford, the County Analysts.

Divisional Ambulance Service.

I append below particulars of the cases transported during the year. The figures are given monthly, and the total for last year, which was the first full year since the Ambulance Service was taken over by the County Council, is appended in brackets after the total in each line.

It will be seen that although there was a fall in the number of urgent cases admitted and in patients suffering from infectious diseases and mental health patients, the number of out-patients and maternity cases transported showed a considerable rise. I am afraid it is true that since the Ambulance Service became a free one there is a tendency to utilise it for cases which could be transported by other means. Many patients travelling to Maternity Hospitals do not need an ambulance, and it is believed that some of the out-patients could well find their way by public transport. Although there is no direct cost to the individual, the increasing use of the Ambulance Service is, of course, a considerable expense to the community. While I have no desire to deter anyone from using the Ambulance Service when it is necessary, it is useful for us to consider whether this Service is used at times when it is not strictly necessary.

Since writing these remarks the Ministry of Health have issued a circular on the use of the Ambulance Service, in which they state that owing to the great increase in calls it is imperative that the utmost care should be taken to eliminate all unnecessary use of the Service.

TABLE 5.

COUNTY AMBULANCE SERVICE, DIVISION 18.

Return of patients carried for the year 1950.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Accident ...	9	9	9	19	17	20	28	21	18	23	25	23	221 (140)
Urgent ...	45	69	38	67	69	55	63	60	53	55	54	70	698 (997)
Maternity ...	30	33	33	37	41	27	27	35	28	34	30	43	398 (362)
Infectious ...	9	8	9	2	2	4	7	3	5	7	4	9	69 (196)
Mental ...	4	2	1	3	2	4	6	3	4	4	3	2	38 (68)
Out-Patients ...	558	546	645	522	600	544	542	560	519	629	531	573	6769 (6024)
Males ...	338	314	325	282	272	277	277	264	249	332	310	349	3589 (3645)
Females ...	403	426	516	427	521	474	499	521	468	551	453	500	5759 (4972)
Children ...	87	66	121	84	66	101	106	74	52	70	63	75	965 (691)
No. of Patients	741	740	841	709	793	751	776	785	717	883	763	849	9348 (8617)
Stretcher cases...	159	145	173	130	163	163	188	147	147	211	184	219	2029 (1874)
Sitting cases ...	582	595	668	579	630	588	588	638	570	672	579	630	7319 (6743)
Journeys ...	367	356	454	271	322	299	354	313	312	349	329	362	4088 (4187)
Miles ...	7866	7541	8678	7013	7576	7345	8000	7245	7342	8269	7905	8210	92990(94446)

Nursing in the Home.

The Home Nursing Service is the service, together with the Midwifery Service, in which perhaps the Public Health Department is brought into the most intimate contact with the homes of the people. I believe that it is useful to have the Home Nurses as part of our Divisional Public Health team. The relations between the Home Nurses, Midwives and Health Visitors has been extremely cordial and much useful interchange of information has taken place.

There were four Home Nurses in the Brighouse area and they were responsible for 7,152 visits during the year. There were 370 new cases attended during 1950.

Domestic Help Service.

The demand for Home Helps continues to increase. During the year Home Helps were provided in 73 maternity cases and 87 domestic cases, a total of 160 cases. In 1949 Home Helps were provided in 48 maternity and 60 domestic cases, which means that there was a 50% increase in 1950 in the utilisation of this Service, as compared with the previous year. In 1948 only 35 maternity and 10 domestic cases were attended, a total of 45, so that in 1949 there were more than double the number of cases in 1948.

In 1949, 37% of domiciliary confinements had the services of a Home Help, and in 1950, with a larger number of confinements at home, the percentage having Home Helps has increased to 43%. The biggest growth, however, has been in the domestic cases, and particularly in the category of the old person who is unable to carry out her duties satisfactorily. This, of course, is of a permanent or semi-permanent nature. With the gradual aging of the population we can expect this figure to increase still further. In the case of the old people the Home Help is not, of course, a sitter in, but is there to carry out the household duties. Often if she goes once or twice a week to give the place a thorough cleaning the old person is able to manage in between by herself. This service is expensive, but actually is very much cheaper than the cost of maintaining in hospital the persons attended by the Home Helps.

Already, however, the cost of the Home Help Service is becoming a matter of considerable importance, and I should like to stress once again that the Service is not intended to be a substitute for the help that relatives and neighbours can give and have given so generously in the past. This County is noted for its good-neighbourliness, and it would be unfortunate indeed if the growth of the social services were to result in a decline in this. On occasions we have had requests for a Home Help where an active, capable relative, who is not fully employed with her own domestic duties, lives with or next door to the person who is requesting a Home Help. For this reason all Home Help cases are very carefully

sifted. Occasionally this causes a little delay in the supplying of a Home Help but it is necessary in order to protect the community from mis-use of the service. We have also insisted on medical certificates in the case of illness, but in these cases we have often been able to supply a Home Help immediately, pending confirmation by the doctor of the necessity. The doctors have given us a great deal of help in deciding which of these cases merit the most priority, as the supply of Home Helps in this area of ample employment for women has never been sufficient to meet the demand. Every application for a Home Help has been dealt with as fairly as possible taking all the circumstances into account, and no application for a Home Help in maternity cases has been refused.

The Home Help Service is perhaps the most difficult service with which any Local Authority has to deal. The women employed as Home Helps usually require regular employment, but the demand ebbs and flows and is by no means regular. At one period there are a large number of priority cases and at another period there are few. Our task is not only to try and provide the best service we can, but also to try and allocate the work out fairly among the Home Helps, and this has meant moving Home Helps from one case to another as they vary in priority and according to the other cases requiring Home Helps. As our numbers increase the difficulties grow greater. Some people regard the administration of the Home Help Service as being in no way different from an ordinary domestic agency. This is not so. The assessment of priority, the decision as to how long a Home Help can reasonably be required to undertake the household duties, and the attempt to send the right type of Home Help to the different types of cases, all make the service difficult to administer. When the service is a free one — and it will be remembered that the charge is made according to means — and particularly in the case of old people where they often like a Home Help to stay and talk rather than to work, it is necessary to be extremely careful about the assessment of hours required.

Despite all these difficulties I believe that the Home Help Service is one of the most valuable services provided in this Country. In terms of health, happiness and comfort it ranks with the Nursing Services. It is a service where we try to give "to each according to his need" and the charge is "from each according to his ability to pay."

Clinics and Treatment Centres.

The Table of Clinics and Treatment Centres is appended overleaf.

TABLE 6. CLINICS AND TREATMENT CENTRES.

Name.	Situation.		When Open.
Child Welfare Clinic	...	Huddersfield Road ...	Wednesdays, 2-4 p.m. Thursdays, 2-4 p.m.
do.	...	Wesleyan School, Hipperholme ...	Mondays, 2-4 p.m.
do.	...	St. Annes-in-the-Grove, Southowram	Thursdays, 3-4 p.m.
Combined Ante-Natal and Natal Clinics
do.	...	Huddersfield Road ...	Tuesdays, 2-4 p.m.
do.	...	Wesleyan School, Hipperholme ...	Fridays, 10 a.m.-12 noon.
do.	...	St. Annes-in-the-Grove, Southowram	Thursdays, 2-3 p.m.
Artificial Sunlight Clinic	...	Brook House, Atlas Mill Road ...	Mondays, 2.45 p.m. Thursdays, 10.45 a.m.
do.	School Children, Mondays, 2 p.m. Thursdays, 10 a.m.
do.	...	Wesleyan School, Hipperholme ...	Mondays, 10-11 a.m. Fridays, 2-4 p.m.
*Diphtheria and Whooping Cough Immunisation Clinic	...	St. Annes-in-the-Grove, Southowram	Mondays and Thursdays, 9.30 a.m.
Vaccination Clinic	...	Huddersfield Road ...	Fridays, 11 a.m.
do.	...	Huddersfield Road ...	Fridays, 11 a.m.
do.	...	Wesleyan School, Hipperholme ...	By appointment.
Minor Ailments Clinic	...	St. Annes-in-the-Grove, Southowram	By appointment.
do.	...	Brook House, Atlas Mill Road ...	Every weekday at 9 a.m.
do.	...	Wesleyan School, Hipperholme ...	Mondays, 9.30-10.30 a.m.
Dental Clinic	...	St. Annes-in-the-Grove, Southowram	Thursdays, 9.30-10.30 a.m.
Remedial Exercises Clinic	...	Bonegate House, Bradford Road ...	By appointment.
Ante-Natal and Post-Natal Exercises Clinic	...	Brook House, Atlas Mill Road ...	Tuesdays, 1.45 p.m.
do.	...	Brook House, Atlas Mill Road ...	Tuesdays, 2 p.m.
Tuberculosis Dispensary	...	Royal Halifax Infirmary	Mon., Tues. & Wed., 9.15 a.m. to 12 noon.
do.	...	Tuberculosis Dispensary, Huddersfield ...	Tues., 2-4.30 p.m., 6-8 p.m. Thurs. & Fri., 2-4.30 p.m.
do.	Men.
do.	...	Royal Halifax Infirmary	Thurs. 2.30-7 p.m. Tues. 2.30-7 p.m.
Venereal Diseases Clinic	...	York Place, New North Road, Huddersfield ...	Mon. 2-4 and 5-7 p.m. Mon. 2-4 and 5-7 p.m.
do.	Wed. 10 a.m.-12 noon and 2-4 p.m. Wed. 10 a.m.-12 noon and 2-4 p.m.
do.	Fri. 2-4 and 5-7 p.m. Fri. 2-4 and 5-7 p.m.
Consultant Clinics, Ear, Nose and Throat, Ophthalmic & Orthopædic	...	Brook House, Atlas Mill Road ...	By appointment.
Orthoptic Clinic	...	Brook House, Atlas Mill Road ...	Bi-weekly (by appointment).

* This is also carried out at the ordinary Child Welfare sessions.

Scabies Treatment.

The special clinic for the treatment of Scabies continued in operation during the year. The incidence of this disease again fell and 10 cases were treated as opposed to 25 the year before.

The routine treatment for a case was two applications of Benzol Benzoate, unless the case was severe, when a third application was given.

We again treated cases of verminous heads in addition to Scabies, the number of cases so treated being 36.

MATERNITY AND CHILD WELFARE.

Health Visitors.

The year 1950 was again a very difficult one for the Health Visiting Staff. After the death of Miss Charlesworth in 1949 we had only three Health Visitors as a replacement could not be obtained. Miss Mitchell transferred to the Saddleworth area at the end of March, 1950, and her replacement, Mrs. Van der Ende, only arrived in July.

Miss Latimer has continued to act as Senior Health Visitor but was not officially appointed to Miss Charlesworth's position. The district was visited occasionally by the County Superintendent of Health Visitors but we consider that there still exists a need for a Senior Health Visitor in this Division and I am very grateful to Miss Latimer for carrying out this work without proper recognition.

Mrs. Knight, the School Nurse, did not return to duty after her illness and the vacancy has never been filled. It was for this reason that we were very grateful for the help of Mrs. I. Hepworth, Mrs. J. Pickard and Miss K. H. Firth, who worked as Assistant Health Visitors. It will be seen from the table given below that the number of visits made during the year again showed an increase on previous years. This is extremely gratifying in view of the great shortage of staff.

It is in the homes that the Health Visitor can do the work of the greatest value to the community. As a welcome visitor she rapidly becomes a family friend and is able to guide the young mother along the lines which promote the health and happiness of the child. A healthy child is the keystone of a happy home and I believe that the happiness and comfort the Health Visitor can contribute is incalculable. It is in the home that the Health Visitor can study the child in its normal background. The National Health Service Act, with its unfortunate stress on hospitals and disease, showed us only too clearly how little many people understand of the importance of environment and social circumstances in the promotion of health.

It is, I think, recognised today and will be recognised still more in the future, that most disease is psycho-somatic. The influence of the body on the mind inducing mental distress is co-important with the influence of the mind on the body, inducing physical illness. The regular visits of the Health Visitor cannot be taken individually but must be regarded collectively. The summation of the advice she gives is of very great importance, and although she often feels that repeated visits, usually stressing the same points again and again, are of little value, there is no doubt that collectively they play an important part in the health of the community. Even in the cases of children that attend the clinic and are given proper advice, the Health Visitor needs to visit the child at home to study the home background and to give the mother advice regarding the difficulties encountered on the spot. Although we have no Marriage Guidance Council in Brighouse the Health Visitors are often consulted on matters of extremely private significance. Many of these troubles, although trivial, might have far-reaching consequences, and I can confidently assert that many homes have been kept together and many children cured of insecurity, where otherwise marriages may have resulted in disaster and the children become subjects for the Child Guidance Clinic.

The Health Visitors have co-operated with the Educational Psychologist, the General Medical Practitioners, the Probation Officer, the Children's Officer, the Almoners, the Welfare Officer, the Housing Manager, Ministers of Religion, the National Assistance Officer and the Ministry of National Insurance, in seeking solutions to the problems they have met. This has usually been done through myself, and I have found that increasingly our services are being sought on a wider field.

The work of this Department has grown considerably during the past three years. Much of our work, especially with cases of marital difficulty and illegitimacy, is secret and cannot be discussed in a Report of this kind, but I am satisfied that the Department is playing an increasingly important part in the life of the community.

In addition to the hard work among mothers and children the Health Visitor is taking an increasing part in advising other members of the family and in particular in assisting old people in remaining in their own homes. She also visits every case at which a Home Help is engaged, and often has been able to give the greatest help in these cases. This year 1,240 miscellaneous visits were paid as compared with 333 in 1949 and 329 in 1948.

Problem families have been visited again and again by the Health Visitors. These problem families, who do not conform to accepted social standards, exhibit interesting characteristics. There are usually no toys in the house. The children display marked demonstrative fondness for their parents and the parents talk at length about their affection for the children. Articles of household necessity are to be purchased always at the end of the week in

which the visit was made. A combination of ill-fortune rarely met with by human beings has always just befallen the family. Husband and wife are often at loggerheads but are united firmly and irrevocably in the face of authority. It is only when Court proceedings actually materialise that the unity breaks down into mutual abuse. An interesting point about these families is that they rarely resent visits, advice, exhortation and reprimand by members of this Department, and indeed go out of their way to be friendly. It is interesting to report that more than one woman whom I have informed in no uncertain words that her conduct was completely unsatisfactory and must be improved, has attempted to use me as a reference for employment.

It will be seen that these visits cannot be done in a few minutes and that the number of people visited is not an infallible criterion of the work carried out. It will also be seen that with the increasing sphere of the Health Visitor the number required to carry out the service with the efficiency which we desire is considerable. Despite all this, there is, I think, no doubt that of all the social services that make up the "Welfare State" the Health Visiting service, and indeed the whole of the Public Health services, are the cheapest. A large part of our most important work consists of intangibles. A word of advice and a helping hand may bear fruit in improved conditions in years and generations to come. I feel certain that at present the Health Visiting service is doing work of vital importance to the community and to the individual.

TABLE 7.

Visits paid by the Health Visitors in 1950.

Visits to New Births	...	...	...	...	...	...	...	525
Visits to Children under 1 year	...	...	...	...	...	...	...	1,980
Visits to Children 1 to 5 years	...	...	...	...	...	...	...	2,974
Visits to Expectant Mothers	...	...	...	...	...	...	...	200
Miscellaneous	...	...	...	...	...	...	...	1,240
Total								6,919

Ante-Natal Clinics.

Table 8 gives particulars of the attendances at the ante-natal clinics. Only 167 confinements took place at home and 159 new expectant mothers attended the ante-natal clinic. Some of these mothers were delivered in the Halifax General Hospital, and some of those delivered at home received ante-natal care from their own doctor. We are concerned that every mother should have adequate ante-natal care, and once again in this Borough over 99% of mothers did receive such care last year.

It will be seen that the attendances showed an increase on 1949 but did, of course, show a marked decrease on the preceding years. The matter was fully discussed last year, when it was pointed out that the passing of the National Health Service Act had resulted in a greater number of patients going to hospital and had also resulted in more patients receiving ante-natal care from their own doctors, with a consequent falling off in the number attending the ante-natal clinic.

We again have to report excellent co-operation with the local hospitals, and once again we have had the advantage of the services of the " Flying Squad " or Blood Transfusion Unit provided by the Halifax General Hospital for all cases of midwifery where it is required.

We fervently hope that as the housing problem becomes less acute more homes will be suitable for deliveries to take place where we believe they should take place, the environment in which the baby is to live.

TABLE 8.

Attendances at the Ante-Natal Clinics.

	1946	1947	1948	1949	1950
Number of Sessions	172	170	157	148	150
Number of new expectant mothers ...	210	182	182	134	159
Total number of individual expectant mothers	246	219	222	196	211
Total number of attendances	1173	1123	1017	954	1012
Average number of patients per session ...	6.82	6.61	6.48	6.45	6.75

TABLE 9.

The Percentage of 458 Investigated Cases in which Medical Ante-Natal Care was given in 1950.

				Primiparae.		Multiparae.		All Mothers.	
				Number	Per Cent.	Number	Per Cent.	Number	Per Cent.
29	Cases investigated	...	...	166	—	292	—	458	—
	Attended Brighthouse Ante-Natal Clinics	...	...	21	12.6	125	42.8	146	31.9
	Attended Hospital Ante-Natal Clinics	...	...	99	59.6	84	28.7	183	39.9
	Attended own Doctors ante-natally	...	...	45	27.1	80	27.4	125	27.3
Total who received medical ante-natal care				165	99.3	289	98.9	454	99.1

Ante-Natal Hostel.

The Clifton Ante-Natal Hostel was opened in 1948 with the primary object of providing a rest for women during pregnancy when it is required and when it cannot readily be obtained at home. It was recognised that two classes of women would be the principal benefactors from a period of rest :—

- (1) The woman who is having her first baby and has continued to work and run a home during pregnancy. This habit of working has increased with the rising cost of living. If the young wife who is working and is expecting her first baby does not also manage a home it is because she either lives in rooms or else with her own or her husband's parents. If she is living with her own parents, to whom she is still a child, she often receives constant advice and warnings of the difficulties and dangers of parturition. In addition she has to be extremely tactful to avoid a breach between her husband and her family. Similar, if not greater, tact is required if she lives with her husband's parents and the advice she is given may be even less reassuring in character. While she is working it is often impossible for us to counteract this advice at the clinics which are held for instruction in relaxation during childbirth ;
- (2) The other class of woman is the multipara who has to cope with her home and family whilst she is pregnant. In the textile areas this woman often also attempts to work part-time and she has not sufficiently recovered from her previous pregnancy before she embarks on an eighteen-hour day.

Unfortunately the County Public Health Department lost control of its short-stay Nurseries with the passing of the Children's Act and many of these women who really require rest and relaxation from household chores and cares, who need time for contemplation and inconsequential chatter with their fellows, cannot be admitted because they cannot make adequate arrangements for their children. I have been continuously impressed with the average woman's strong desire to be certain that her children are adequately cared for.

Many of the women with whose standard of child care we are not pleased show a wonderful and remarkable solicitude for these same children who are just above the category of "deprived child."

I am sure that the pressure of economic circumstances, with the strain of increasing responsibilities and frequent pregnancies, becomes well-nigh intolerable. This is often combined with an unco-operative husband who is himself a victim of a burden which has become too great and is unable to relax in a comfortable home after his day's work. The foundations are laid for that social enigma — the problem family.

There is then a necessity for provision to be made for the accommodation of children in a properly equipped nursery. With this provision we could take post-natal cases and a need for such post-natal provision undoubtedly exists.

Unfortunately, the Ministry have not agreed that an existing building can be adapted for this purpose. Without this accommodation we cannot take all the cases which require Ante-Natal Hostel accommodation.

Despite this there was again an increased use of the Clifton Ante-Natal Hostel during 1950. 102 cases were admitted as compared with 63 in 1949.

Fourteen of these patients were normal cases and had no complications. They were admitted because they either had no home or were unmarried girls living in grossly overcrowded conditions. Three patients came to us from Institutions. One of the saddest spectacles is that of a woman and her children separated from her husband and their father because of the lack of a home, the husband living in rooms and the wife and children being condemned to Institution life.

It is indeed still more unfortunate when the wife becomes pregnant while still living in an Institution. This may appear to be completely irresponsible but the enforced separation of husband and wife with only occasional meetings does not seem to reduce considerably the risk of further pregnancies, and it appears that there is a strong case for the teaching of contraceptive measures to these women who are deprived for long periods of both home and husband.

We were often confronted with the problem of young people who had tried living with each of their parents in turn and who had eventually been rendered homeless because of an inability to live with either. Often these homeless women arrived to us completely dispirited, with no energy and no interest, and we had many profitable interviews with both husband and wife separately and together.

In some instances we were able to persuade the husband into fresh initiative and in a few cases the wife left us with the prospect of a house to which to return. In all these homeless cases without exception the woman left us completely different in outlook and appearance. It became more and more apparent that one of the most certain signs of improved mental outlook is the use of cosmetics and other methods of improving and smartening up of the female appearance.

Another very significant change is the more determined way in which the woman urges her husband to do something about their position.

On admission most of the homeless women had a passive and resigned view of their circumstances. Many of them left us with the determination to alter them.

The contact with women from more normal home circumstances is an excellent thing. The trouble with women in Institutions or without a proper home is that their contacts are almost all with women like themselves, and a pre-requisite to improvement is the recognition that such improvement is possible.

The only objection to the reception of these women and to the accommodation of unmarried expectant mothers is the effect on the married ones. In only three instances did we have complaints from the other patients of the "class of women" we had in the Hostel, but it is desirable that the rate of unmarried to married mother should never be more than 1 : 2.

Several of the lovers of the unmarried expectant mothers were interviewed, and in some cases satisfactory arrangements were made ; one girl left the Hostel for a few days to marry her lover who was home on leave.

Many other socio-medical problems were encountered. We found very often that bodily fatigue was accompanied by mental lassitude or mental distress.

It is very obvious what a great advantage one has in advising and dealing with difficulties if one is treating the patient and how great an advantage a Health Visitor has if she visits a patient while she is being treated. It is also apparent how much a general practitioner can do while he is treating patients, in smoothing out difficulties and dealing with the problem of minor mental health.

We in the public health department who usually lack intimate clinical contact are not always brought sufficiently early into touch with the family where there is an underground social problem.

I believe that a great deal is now being done by the Health Visitor, along with her colleagues the District Nurse and Midwife, but that there is a vast field still to be covered in the prevention of mental ill-health.

Besides the fourteen cases which were apparently normal, but most of which had their own troubles which were causing them anxiety, the following general complications were found in the other 88 cases :—

Heart Disease	.....	.....	.....	.....	4
Asthma	.....	.....	.....	.....	3
Bronchitis	.....	.....	.....	.....	3
Enlargement of Thyroid Gland	.....	.....	.....	.....	2
Severe Secondary Anæmia	.....	.....	.....	.....	9

Pernicious Anæmia	1
Splenic Anæmia	1
Malnutrition	3
Post Influenzal Debility	1
Essential Hypertension	1
Marked Constipation	3
Parkinson's Disease	1
Spastic Paraplegia	1
Hysteria	3

Most of the patients had some degree of Anæmia and most of them had substantially higher hæmoglobin levels on their discharge from the Hostel, but the above nine cases of secondary Anæmia had a hæmoglobin level in the region of 50%. The average hæmoglobin level was 70%.

The case of Essential Hypertension was a post-natal case admitted after delivery.

Many of the patients complained of varying troubles, some of them due to a pressure syndrome and others being associated with fatigue, but three of the patients were admitted in a most distressed condition and could only be properly classified as cases of Hysteria. All three responded well to rest, help and advice and instruction in the technique of relaxation.

A very large number of patients complained of habitual constipation aggravated by pregnancy. It was remarkable how well they usually responded to a more rational diet, but in three of the patients the constipation was of very long duration and sufficiently persistent as to be worthy of mention.

Of the cases of heart disease, one deserves special mention as this patient who had Rheumatic Endocarditis was suffering from a very serious lesion. While in the Hostel she had an embolic third nerve paralysis and required considerable reassurance. She eventually went to time and was safely delivered. Arrangements were made for her subsequent sterilisation.

We also met with the following complications of pregnancy :

Pyelitis	1
Toxæmia	18
Vomiting	6
History of Previous Abortions	6
Threatened Abortion	1
Severe varicose veins of lower limbs	8
Severe hæmorrhoids	5
Severe varicose veins of vulva	2
Multiple pregnancy	3
Malpresentation	3

Most of the cases of Toxæmia were early cases with a raised blood pressure.

There were only two cases of Albuminuria and both these were immediately transferred to hospital after its presence was found.

I consider that many of the cases of very early Toxæmia can be treated in a Hostel with a consequent relief of hospital beds, provided that a constant watch is kept and the cases are sufficiently early.

All the cases of persistent vomiting responded almost immediately to treatment by a proper diet and rest. No cases of true Hyperemesis Gravidarum were admitted.

One important part of the work of the Hostel is the relaxation clinic, which is not only important in helping the women during their confinement but also helps the patients to take full advantage of their new opportunities for rest. Many of these women have not for years had the opportunity of complete relaxation, many have never had a holiday at all and many others have never known the opportunity for relaxation a good home and an understanding husband can give.

Another important aspect is that of vocational occupational training. Instruction in the preparation of children's clothing and especially in the preparation of clothes for the forthcoming baby is very desirable. This instruction should not be formal; informal talks by the Matron or by a visiting Health Visitor or Midwife can do a great deal. Once the majority of women are so engaged it is unusual that we cannot persuade a newcomer to commence her own preparations for her baby. It is essential that no methods savouring of compulsion are used. We have had several women who could not even knit when admitted but almost all had learnt to do so before discharge.

In terms of human happiness and in its potentialities for the betterment of a future generation the work of the Hostel cannot adequately be measured in economic terms. As with so much public health work it is the intangible and immeasurable benefits that are so important. The extent of improvement in physical well-being can be assessed. We can measure the hæmoglobin, we can tell precisely by weighing the one aspect of the extent of improvement in cases of malnutrition, and even the untrained eye of the relative or visitor can usually see a vast physical improvement in the patients. But it is impossible to assess so accurately the improvement in mental health, and it is considered that this work of the Hostel is at least as important as the more obvious physical improvement.

It was interesting to note that most patients showed an appreciable gain in weight during their first fortnight's stay but that later their weight increase was in conformity with the usual rise in pregnancy.

It was also very interesting to see how much younger patients looked on discharge than on admission. I consider that when a woman begins to look far older than her years she is in need of rest and recuperation. It was remarkable to see how much younger their husbands looked than themselves when most of the patients were admitted and how much more the same age they looked when discharged.

The work of the Hostel has been interesting and has shown gratifying results. The lack of short stay nursery provision, the reluctance to leave their families and the fact that this is a preventive service and that admission is not an urgent medical necessity has prevented it being used to capacity.

Another factor in preventing its full use has been the fact that a form of undertaking to pay has to be signed before admission, whereas admission to hospital is free.

I believe that the Ante-Natal Hostel has a real service to perform in the community and I hope that its use will continue to grow and that it will prove of real and lasting benefit to the public health of future generations of the West Riding.

I consider that an Ante-Natal Hostel should be one of the regular services of the Public Health Department, but that for its complete success short-stay nursery provision is an essential.

Relaxation Clinic.

The Relaxation Clinic which was commenced in 1949 was not interrupted by the loss of the Physiotherapist. Mrs. Hepworth, one of the Assistant Health Visitors who had been specially trained in this work, continued the clinic. We found certain advantages from the employment of a trained nurse who was also a midwife. She was able to give far more instruction on maternity problems than the Physiotherapist could give. An opportunity was taken at the classes of instructing the mothers in the technique of breast feeding and in the preparation of the breasts during pregnancy. Each mother who was having her first baby was given a true picture of the physiological process of labour, and many of the fears which had been imparted to them by well-meaning but ill-advised parents and friends were corrected.

Altogether 54 mothers attended at our Relaxation Classes, making a total of 342 attendances at 49 classes. Every mother who attended had a spontaneous delivery without instruments and all the babies were breast fed for at least one month after the confinement. We had many tributes to the work of the Relaxation Classes, and whatever the value of the exercises may be to the musculature, there is no doubt of the psychological value of this new clinic.

Post-Natal Attendances.

I am glad to be able to report that an increased number attended our post-natal clinics. This coincided with an increased number of labours conducted at home. Once again, in addition to the personal visit of the midwife, all mothers who attended our ante-natal clinics were notified by letter. The number who attended this year was 76, as compared with 67 in 1949 and 52 in 1948. In addition, some of the women who had been delivered in hospital attended the hospital post-natally, and it is estimated that about a third of all mothers delivered received some form of post-natal treatment. We shall not be happy until this number is considerably increased. Once the baby is born and ordinary domestic duties have been resumed it is difficult to persuade the mother to attend when it is only her own health that is at stake.

Domiciliary Midwifery.

We do not believe that it is in the best interests of the child that it should be removed from one environment to another at the early age of 14 days, and for this reason alone we believe that domiciliary confinements are preferable to hospital deliveries. We have reason to be grateful to the hospitals for stretching their accommodation to the utmost in order to provide accommodation for everyone who needs to have their baby in hospital. This has meant however, that women have been discharged with their babies at periods well under 14 days, and our belief is that this is a retrograde step.

I am glad, then, to report that this year there has been an increase in domiciliary confinements, 167 labours being conducted at home as compared with 130 last year. With the considerable decrease in the number of births this is very gratifying.

There is a good deal to be said for a first confinement taking place in hospital and there is still more to be said for the admission of a woman who has not an adequate hot water supply or a proper room in which to be delivered. Most of the cases that now go to hospital go either for these two reasons or because there is some medical complication. In this last group of cases there is, of course, no doubt as to the desirability of admission.

We hope that when economic conditions permit and the social services are reviewed, the maternity allowance for women who have their babies at home will be substantially increased. There is no doubt that the cost of having a baby at home, where the services of a Home Help are recoverable according to income, and where the mother is responsible for providing her own food, is considerably greater than a hospital confinement. Alternatively, there is a case for the charging of board to all patients in hospital. The present position cannot be said to be entirely equitable.

The work done by the Midwives is set out in Table 10 below.

TABLE 10.

Work done by the Municipal Midwives during 1950.

Labours conducted : (a) as midwives	...	...	...	...	...	164
(b) as maternity nurses	...	...	...	...	...	3
(c) total	...	...	...	...	...	167
Ante-natal visits	...	...	...	...	...	1,150
Post-natal visits	...	...	...	...	...	3,038

Dental Scheme.

During the year 94 expectant mothers were referred for treatment, and treatment was completed in 34 of these cases.

Breast Feeding.

It is well-known that there has been a general tendency to a decrease in breast feeding over the past few years. There are several reasons for this and various explanations are given by different authorities. I believe the reasons are :—

- (1) The mother does not now feel tied to her home as she did a generation ago, and breast feeding can only be done by the mother herself ;
- (2) The excellent dried milks that are now on the market are very easy to prepare and full directions are given so that they are almost foolproof ;
- (3) The desire of the mother to work to supplement the family income, and I think this is the principal reason ;
- (4) As breast feeding decreases an impetus is given to its decrease. The mother of a healthy baby fed by artificial means provides an excellent advertising agent, and when she is met by a young mother of a new baby she is only too anxious to persuade the other mother to adopt the same kind of food that she has used herself.

For this last reason I am afraid that whatever we do there will be a gradual increase in artificial feeding. We are sorry for this, as not only is the natural milk the baby's birthright, but it does form the very closest link between mother and baby and is provided in the right proportions and at the right temperature and is clean.

At our Relaxation Classes we have attempted to instruct the mothers in the principles of breast feeding and I am gratified to be able to report this year a halt in the decline, 72% of babies having been breast fed as compared with 69% last year. It is noteworthy.

however, that the percentage wholly breast fed again showed a decline. It is difficult indeed to convince a mother that her milk is sufficient for the baby ; she knows far too many people who have " had " to supplement.

The figures for breast feeding are shown in Table 11, while the percentage of mothers in whom breast feeding was abandoned before the end of the first month, grouped under three main causes, is shown in Table 12. A further analysis of the 117 cases comprising the figures of the latter Table is set out overleaf.

Reasons for Abandoning Breast Feeding.

A. Maternal.

No. of Cases.

(a) General health of mother (obstetric causes, mental shock)	26
(b) Local condition (breast abcess, defective nipples)	18
(c) Failure of milk without known cause	34
(d) Work	7
(e) Twins	2

B. Infant.

Prematurity, illness, unknown cause	6
---	---

C. Others.

(a) Adopted babies	6
(b) Lack of perseverance	18

TABLE 11.

Year.	Percentage breast fed + supplements at 7th month.	Percentage wholly breast fed for 1, 2, 3, 4 or 5 months.	Percentage breast + bottle fed for 1, 2, 3, 4 or 5 months.	Total percentage wholly or partly breast fed.
1950	32.3	26.8	13.0	72.1
1949	27.8	33.0	7.8	68.6
1948	22.5	43.9	10.5	76.9
1947	35.1	28.0	9.2	72.3
1946	35.4	21.6	13.0	70.0
1945	40.4	20.2	10.5	71.1
1944	37.98	22.87	12.5	73.35
1943	34.0	20.0	12.0	66.0
1942	40.5	11.7	3.3	55.5
1941	48.0	24.0	10.0	92.0
1940	44.0	18.0	16.0	78.0

TABLE 12.

Year.	Maternal causes.	Infant causes.	Other causes.
1950	74.4	5.1	20.5
1949	83.4	7.0	9.6
1948	73.4	2.8	23.8
1947	75.4	6.3	18.3
1946	68.2	10.9	20.9
1945	75.65	8.7	15.65
1944	58.4	2.7	38.9
1943	71.5	3.2	25.3
1942	69.3	4.0	26.7
1941	68.7	7.0	24.3
1940	77.4	7.6	15.0

INFANT WELFARE CENTRES.

The work of the respective clinics is set out in Table 13 which follows.

TABLE 13.

Attendances at the respective Infant Welfare Clinics in 1950.

	Huddersfield Road	Hipperholme	Southowram	Totals
Number of Sessions	97	48	52	197
Individual Children attending...	595	258	195	1048
Children attending for the first time	216	88	64	368
Medical Consultations	1144	521	538	2203
Average number of medical con- sultations per session ...	11.79	10.85	10.35	11.18
Attendances of children under 1 year	2884	1278	1086	5248
Attendances of children over 1 year	1064	717	567	2348
Total attendances	3948	1995	1653	7596
Average attendances per session	40.70	41.56	31.79	38.56
Highest attendance at one ses- sion	70	58	50	

Voluntary Helpers.

I am once again pleased to record our deep appreciation of the excellent work carried out by the Voluntary Helpers at our clinics.

Artificial Sunlight Treatment.

The work done is set out in Table 14, which follows, and it will be seen that 85 children received 841 exposures, compared with 115 children and 1,489 exposures in 1949.

TABLE 14.
The Work of the Artificial Sunlight Clinics during 1950.

	Brighthouse.	Hipperholme.	Southowram.	Total.
Number of children treated ...	29	43	13	85
Number of exposures ...	280	435	126	841

Orthopædic Treatment.

During the year 21 children under school age were examined by Mr. Barclay, the Orthopædic Surgeon. Particulars of these cases are appended below :—

Torticollis	.....	.....	.....	.....	3
Genu Valgum	.....	.....	.....	.....	4
Pes Planus	.....	.....	.....	.....	2
Metatarsal Varus	.....	.....	.....	.....	1
Pes Valgus	.....	.....	.....	.....	1
Congenital Deformities	.....	.....	.....	.....	5
Hemiplegia	.....	.....	.....	.....	2
Anterior Poliomyelitis	.....	.....	.....	.....	2
Talipes Equino-Varus	.....	.....	.....	.....	1

Ophthalmic Scheme.

During 1950, 37 pre-school children were examined at the Ophthalmic Clinic. Spectacles were prescribed in 20 cases. Particulars of these cases are as follows :—

Hypermetropia	.....	.....	.....	.....	2
Hypermetropia and Strabismus	.....	.....	.....	.....	5
Strabismus	.....	.....	.....	.....	27
Double Abducens Palsy	.....	.....	.....	.....	1
Blepharitis	.....	.....	.....	.....	1
Meibomian Cyst	.....	.....	.....	.....	1

DAY NURSERIES.

Attendances.

		Wellholme Park	Ogden Lane	Holme House
No. on register at 31st December, 1949	...	47	44	—
No. on register at 31st December, 1950	...	43	43	40

The demand for Day Nursery accommodation continues to increase and the waiting list at the end of 1950 was 203. The principal reason for this increase is the increase in the cost of living. It has been our policy to admit not only the children of mothers who are working but also children whose mothers are temporarily incapacitated. With the increasing demand on the Nurseries it became necessary to admit children purely on a priority basis. Priority was given to the children of widows and to illegitimate children whose mothers had to work to support them. It was also given to children living in homes that were grossly overcrowded. Unfortunately children from overcrowded homes were often children whose parents were of foreign extraction, and still more often children whose parents had not been living in the district very long. With the present scheme of housing allocation, persons who are newcomers to the district have less chance of obtaining good homes than those who have lived here and paid their rates for a number of years. Particularly does this apply to European workers, many of whom live in grossly overcrowded conditions. Perhaps naturally, the number of broken homes and illegitimate children is higher in this group. We are concerned with the well-being of all children who happen to live in this district, and children from an unsatisfactory home or from grossly overcrowded conditions naturally have greater priority for admission to the Day Nurseries than the children of parents who are better circumstanced.

We have many young parents who have now obtained Council houses at a very much greater rent than they were accustomed to pay, or where they have commitments for paying for furniture by weekly instalments, who consider that they, as regular ratepayers of the Borough, have an equal, if not a superior, right to admission to the Day Nurseries of their children so that the wife can also become a wage earner. But our allocation of places must, under present circumstances, be based on the greatest need of the children.

We have also admitted the children of deaf and dumb parents, who have not the same facilities for conversation as normal children. Every case taken into the Nurseries nowadays is gone into carefully on its merits, the only pity is that our Nursery accommodation is so limited. The Nursery accommodation this year was, of course, considerably increased by the re-opening of Holme House

Day Nursery in January, 1950, a re-opening that had been long expected but was nevertheless welcome.

We are not anxious to encourage the mothers of very young children to leave their children in the Nursery in order that they may work. Although we believe that all our Nurseries are very happy places, and although the health of the children in the Nurseries has been good, it is undoubtedly undesirable for a young child in the winter to move from one environment to another during the hours of darkness, both in the morning and again at night.

The total infectious diseases during the year have been :—

Measles	.....	.....	.....	.....	.....	63
German Measles	.....	.....	.....	.....	.....	3
Scarlet Fever	.....	.....	.....	.....	.....	2
Chicken Pox	.....	.....	.....	.....	.....	1
Whooping Cough	.....	.....	.....	.....	.....	5
Mumps	.....	.....	.....	.....	.....	4
Dysentery	.....	.....	.....	.....	.....	20

The most notable of these infectious diseases was an outbreak of Dysentery. This outbreak of Sonne Dysentery was not confined to the Nursery ; indeed there is no doubt that it was widespread among the population of the Borough. One child and a member of the staff in one of the Nurseries had diarrhœa and this was found bacteriologically to be Sonne Dysentery. Specimens were sent away immediately from all the staff and all the children. Five members of the staff, including the cook, and fifteen children were found to be positive. These persons were all excluded until three negative specimens were obtained, but only in the case of the one child and one member of the staff was the disease clinically Dysentery.

The outbreak of Sonne Dysentery we had in Brighouse was so mild as to make it most difficult to control, and I think there is no doubt that many people who exhibited no other symptoms beyond a slight looseness of the stools or feeling off colour for one day, actually had the disease. They usually did not even report to their own doctor and the disease remained undiagnosed. In the Day Nurseries it is, of course, necessary to examine the stools of everyone, as the infection of a child in the Nursery is regarded as a most serious matter. Many of the parents could not understand their children, who were apparently normal, being excluded from the Nursery, but this was necessary in order that all danger to the other children should be eliminated. It is in the Nurseries in particular that the principles of community health must be observed.

MENTAL HEALTH.

During the whole of 1950 we had no Mental Health Social Worker, our Social Worker having left to undertake further training in October, 1949. Although there was no Mental Health Social Worker, however, the work was carried out very efficiently by an Assistant Health Visitor who is a trained nurse and had a special interest in the work. She was able to do a great deal of good. All the cases discharged from mental hospitals were visited and a great deal of help was given in their rehabilitation. Although when anyone is convalescent after physical illness much sympathy is shown by relatives, friends and neighbours, when anyone is convalescent after mental illness the attitude of the public is not so helpful. Not only is the patient often treated as a person who is still suffering from mental illness but they are sometimes almost ostracized, and not infrequently are the victims of a whispering campaign. It does not take very long before everyone knows that they have been in a mental hospital and may not be in good mental health. Mental illness is still regarded as a condition that places the unfortunate patient in a category apart. The admission of a patient to a mental hospital is still held by members of the family to be something of a disgrace. It is opposed as long as possible, even when early treatment would help, and there is no doubt that this attitude does militate against early treatment and steady convalescence.

The Mental Health Service is gradually helping to break this down and the visits of the Mental Health Social Worker both to the patients and to the patients' relatives help to correct the impression that once a patient has been mentally ill they are for ever liable to sudden attacks of mental illness.

Arrangements were made by the County Council for the special training of Health Visitors to undertake the work of a Mental Health Social Worker. This scheme has many advantages. The Health Visitor already is specially trained in socio-medical work. As a nurse she is welcome to the patient and the relatives and there is no doubt that a nurse with social training does possess great advantages over a lay Mental Health Social Worker. We have found that our Assistant Health Visitor has been able to make more effective contact.

With regard to mental deficiency the position remains almost completely unsatisfactory. Admissions to Mental Deficiency Institutions are arranged centrally. At the Central Office there is, no doubt, great difficulty in obtaining accommodation and I am quite sure that an attempt is made to place people according to the greatest need. Unfortunately, the beds are so limited that the placing is mainly carried out as an emergency measure during a period of crisis when the mental defective is left without adequate care and protection.

I have been constantly impressed by the excellent homes occupied by many of our mentally defective persons. Some of those who are waiting for accommodation are undoubtedly a very considerable strain on their parents or relatives and it says a great deal for those relatives that they undertake their burdens so adequately and so uncomplainingly. The provision of more beds is undoubtedly a national necessity and is of paramount importance locally.

The position would be mitigated to some extent if only the County Council had a sufficiency of places in Occupation Centres. The Mongol child in particular, who often can be trained to be quite a useful member of society but who may be extremely restless and very energetic and who demands almost individual attention from the time he wakes up until the time he goes to sleep, is eminently suitable for an Occupation Centre, and should not remain to harass a conscientious and hard-working, anxious mother. There appears to be no immediate prospect of any increase in the number of places available in this Division and although I am informed that the County Council are making every endeavour to rectify this position I can only comment with regret on the present paucity of accommodation.

GERIATRICS.

It has been our aim to maintain adequate services of Home Nurses and Home Helps, which, with the helpful advice of the peripatetic Health Visitors, have allowed old people to remain at home when it would otherwise have been impossible. The one constant feature of advanced old age is the strong desire to remain in their own homes. Illness in all of us does not consist of mere physical disability, but in the old the feeling of insecurity occasioned by the removal from their home plays a greater part than in younger members of the community.

There are occasions when for their own sake and for the sake of other members of the community an old person without relatives and living alone has to be removed. In some instances this removal is vigorously resisted but we have found that with the help of the patient's own doctor, backed up by the public health team, it has always been possible to persuade an old person to go voluntarily, and it was again unnecessary to take any action under Section 47 of the National Assistance Act during 1950.

It will be remembered that we had established a system of voluntary visitation, utilising for this purpose kindly women who have given voluntarily of their time to visit old people in their homes. It was hoped that this scheme would be vastly extended

after the formation of an Old Persons' Welfare Committee. Unfortunately, for various reasons the Old Persons' Welfare Committee was not functioning to capacity during the year and although many people were visited voluntarily with great benefit to themselves, the scheme was not extended as far as we hope it will be in the future.

SANITARY CIRCUMSTANCES IN THE AREA.

Water Supply.

Of the 10,795 inhabited houses in the Borough, 10,754 are on the public supply, which has remained satisfactory as regards quantity and quality throughout the year. With the exception of six houses supplied by stand-pipe, all those on public supply receive water directly to the houses. The remaining houses have private supplies derived from springs and wells, the majority of which are frequently contaminated by animal pollution.

Six samples were submitted during the year from the private supplies and five of these were unsatisfactory. Particulars will be found in the Sanitary Inspector's Report. The only safe way for people with private supplies or with shallow wells is for the water to be boiled, and the householders have been advised accordingly.

I am informed by Mr. Lawson, the Water Engineer, that the following extensions and renewals of mains were carried out during 1950 :—

Extensions of mains.

170 yards of 3" and 2" main, Stoney Lane Estate.

93 yards of 3" main, Deep Lane Estate, Clifton.

156 yards of 6" and 3" main, Industrial Estate.

419 yards.

Replacements of mains.

367 yards of 4" main, Smith House Lane, Lightcliffe.

229 yards of 4" main, Manley Street, Brighouse.

45 yards of 3" main, Borough Market, Brighouse.

641 yards.

Drainage and Sewerage.

The requirements for drainage and sewerage in this area were very adequately dealt with in a Sewer Survey which was published by the Borough Engineer two years ago.

I am informed by the Borough Engineer that the actual work carried out during 1950 was as follows :—

Deep Lane Sewer Reconstruction within the Deep Lane Housing Estate completed ;

Prospect Row, Southowram Sewer reconstructed ;

Back Brooke Street Sewer reconstruction completed.

The Queens Road area of Norwood Green, the east end of River Street, and various parts of Southowram are still not connected to the sewer. In the majority of cases the existing sewers are not within a distance that Statutory Powers could be exercised to compel owners to connect up to the sewers.

Rivers and Streams.

The West Riding Rivers Board is the supervising Authority. No complaints regarding the pollution of any streams in the area were received in the Health Department during the year.

Public Cleansing.

Full details regarding Public Cleansing are given by the Cleansing Superintendent.

Sanitary Inspection of the Area.

The work done during the year is set out in tabular form in the Sanitary Inspector's Report.

Smoke Abatement.

242 observations of smoke emissions were taken during the year. In one case only the Bye-law limit of three minutes in half an hour was exceeded.

The record of the incidence of the smoke nuisance in this Borough, as indicated by three deposit gauges situated at Lightcliffe, Wellholme Park and Carr Green, is given in detail in the Sanitary Inspector's Report. The chief value of these observations is for comparative purposes and it will be interesting to see how our record this year compares with future records. It is also interesting to see how it compares with other industrial areas of the West Riding, and we do know now that the records obtained from the deposit gauges on our three sites show a degree of pollution rather less than that from comparable industrial areas.

The degree of atmospheric pollution at Lightcliffe may be a surprise to some but it should be remembered that Lightcliffe is subject to the pollution from the chimneys of neighbouring County Boroughs.

Apart from the industrial pollution, which is always blamed by the public, the amount of domestic pollution is considerable. As

I indicated last year, the solution of this domestic smoke problem is a very difficult one. The Englishman would be very reluctant indeed to relinquish his open fire in favour of central heating or in favour of smokeless fuel appliances. Economy in the use of coal is essential but we had become so used to a plentiful supply of coal that we take very hardly indeed to methods for its efficient use which eliminate the domestic fireplace. In Council houses where special grates have been installed, especially the back-to-back type of grate which heats the oven in the kitchen and provides sufficient heat by efficient combustion in the living room, tenants have complained because of the absence of their old open fire. The wastage of coal and the toll in respiratory diseases caused by the production of smoke from the wasteful use of coal are evils which cannot be much longer tolerated. I know that the Housing Committee of the Council have given much thought to this problem but like most pioneers they have not always met with an encouraging public response. We can expect the smoke nuisance to be reduced considerably as new houses are constructed and the present density in the centre of the town is reduced by the elimination of older houses, and especially if the new houses are provided with more efficient means for the proper combustion of fuel.

Public Baths.

I am obliged to Mr. W. Cockroft, the Baths Manager, for the following statement of the attendances of bathers during 1949 and 1950.

Mixed—					1949	1950
Mixed Bathing	.....	.....	.....	.....	19,485	18,277
Females—						
Ladies	.....	.....	.....	.....	981	1,058
Girls	.....	.....	.....	.....	3,855	4,050
Girls' Swimming Classes	.....	.....	.....	.....	7,919	5,635
Ladies' Club and Season Tickets	.....	.....	.....	.....	2,116	2,086
Ladies' Slipper Baths	.....	.....	.....	.....	1,683	1,407
Males—						
Men	.....	.....	.....	.....	2,650	2,024
Boys	.....	.....	.....	.....	3,757	3,972
Boys' Swimming Classes	.....	.....	.....	.....	13,361	13,525
Men's Club and Season Tickets	.....	.....	.....	.....	2,084	2,018
Men's Slipper Baths	.....	.....	.....	.....	10,873	10,118
					<hr/> 68,734	<hr/> 64,170

It will be seen that for the first time for some years there has been a decrease in the number of slipper baths taken both by men and women. I believe that this reduction is to some extent due

to the increased number of baths provided for people in their own homes in new houses which have been built by this Corporation. There are, however, very many houses which are not provided with baths and the Baths Committee are carrying out a most important function in the provision of slipper baths. I wish, however, that the duties of this Committee could be extended in the provision of a municipal wash-house. It is by now clear that the shortage of houses will not be overcome for some years and many people are condemned to using their living kitchen for the weekly wash, a living kitchen which is often imperfectly ventilated and almost always is not supplied with a sufficiency of hot water. On washing days this living room is quite unfit for any other purpose by reason of condensation. As a long term policy the provision of proper houses for all is necessary, but it is considered that for a short term policy a public wash-house would help considerably.

I am once again able to report that the Swimming Bath is well maintained. We have reason to have every confidence in the Baths Manager and his staff.

Housing Programme.

Mr. Sneezum informs me that the following houses were completed during 1950 :—

Stoney Lane—

1 bedroomed bungalows	.....	.....	14
2 bedroomed houses	.....	.....	32
3 bedroomed houses	26
4 bedroomed houses	6

Granny Hall Park—

2 bedroomed houses	6
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Deep Lane, Clifton—

2 bedroomed houses	8
3 bedroomed houses	10

Total	102
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It will be seen that 102 houses were completed, or 30 less than in 1949 and 50 less than in 1948.

The publication of an Annual Report by this Department gives me an opportunity of reiterating the great importance I attach to the proper housing of the people. Up to the end of 1950 the number of families who had been re-housed about whom we had made special representation to the Housing Committee was 96. Some of these families had obtained sufficient points to be re-housed

but many of the worst cases would not have been re-housed unless the Housing Committee had given sympathetic attention to the information we were able to provide.

Cases of overcrowding are particularly difficult to deal with. A large family which requires at least four bedrooms cannot always be re-housed in a Council house of average size without offending the provisions of the Housing Act, as they would be statutorily overcrowded.

The provision of housing has to be according to the needs of the community, and once these needs are satisfied attention may have to be paid to some individual cases. The persons we recommend are often persons who would not be likely to be thought suitable tenants by the average landlord. Some of them have not looked after their present homes very well and naturally there is some reluctance in re-housing an unsatisfactory family in a new house. The chief difficulty is that living as they do, crowded into very small spaces, with the housewife unable to provide a place for everything, untidiness is unavoidable, and risks have to be taken sometimes in the re-housing of people. Complaints will always be received about the re-housing of what are described as unsatisfactory families, but these families often have not a single chance to become more satisfactory in the house in which they now live. In their new environment they require encouragement and careful supervision, and the Health Visitor does try to establish them on a sound footing. On the whole the response to the new environment has been wonderfully encouraging. It is easy for criticism to be made by persons who have never had the problem of trying to cope with too many people in too little space, and we in the Health Department do not think only of the present generation of children but of the future of the children of those children. A child brought up in an atmosphere of muddle, general untidiness, and perhaps even dirt, is not aware of the comfort that a good home can bring, and in later life is not so readily taught to appreciate the value of fresh air and cleanliness. The child is father to the man and it is in childhood that impressions are so strongly made.

I have remarked before that it is a constant surprise to me to see an atmosphere of comfort in many houses which in times of less housing stringency I might be representing to the Local Authority as being unfit for human habitation. In an industrial area every housewife has a constant struggle with her environment and it is, I believe, our duty to try to make this struggle as easy as possible by making the facilities of a modern home widely available. I do not think there is any single factor which will make a greater contribution to the elimination of social misfits, maladjusted children, and even unhappy marriages than the provision of proper houses for the people.

INSPECTION AND SUPERVISION OF FOOD.

Food Shops and Food Preparation Premises.

Again I can report that increased attention has been given by this Department to food shops and food preparation premises. In some cases structural alterations have been made and the co-operation of the owners of these premises is noted with approval. The fact remains, that however satisfactory the premises, the main point of importance is personal hygiene. On the whole, the standard of personal hygiene in this area has been reasonably satisfactory. It is impossible for us to do more than remind personnel engaged in food preparation to wash their hands after using the sanitary convenience. If everybody did this a great deal of the danger of food poisoning would be eliminated. I am pleased to report that we have again had no food poisoning outbreaks in this area.

Milk Supply.

On the 1st October, 1949, milk production was transferred to the Ministry of Agriculture and Fisheries under the provisions of the Milk and Dairies Regulations, 1949, but we are still responsible for sampling milk at the dairies. At the time of transfer there were 26 Accredited Farms and 11 Farms for Tuberculin Tested Milk.

365 samples of milk were taken for the Methylene Blue and Phosphotase Tests, the corresponding number last year being 388. Of the samples taken, 47 were unsatisfactory, or 13% as compared with 18% last year. All samples which did not comply with the requirements of the tests were followed up.

Ice Cream.

Three premises were registered for the manufacture of Ice Cream. Regular inspection of these premises has been made and full details are contained in the Sanitary Inspector's Report. A total of 136 samples were taken in the Borough from all sources, as compared with 94 last year. 109 (66) of these were in grades 1 and 2, 18 (15) in grade 3, and 9 (13) in grade 4. The Medical Research Council consider that 80% of the samples should fall into grades 1 and 2 and not more than 20% in grade 3 and none in grade 4. It will be seen that the record of samples taken this year compares favourably with those taken last year, the corresponding figures for which are given in brackets.

Meat and Other Foods.

A detailed statement regarding the action taken with regard to meat and other food is given in the Sanitary Inspector's Report.

Adulteration, etc.

The administration of the Food and Drugs Act is carried out by the West Riding County Council, samples being taken by our Sanitary Inspectors.

Chemical and Bacteriological Examinations of Food.

Samples of foodstuffs for chemical and bacteriological examinations are taken by the County Council.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

General.

The notifiable diseases most prevalent during the year were again Measles and Chicken Pox, but the incidence of these diseases was very much lower than in 1949.

It has not been the policy of this Department to recommend disinfection of premises as a routine measure, but terminal disinfection has always been carried out in cases of Tuberculosis where the patient has been removed to sanatorium. In all, 31 premises were disinfected during the year.

Diphtheria Immunisation.

Children were immunised at the Infant Welfare Centres, at a special morning session at Huddersfield Road Centre, held weekly, and in the Schools.

The prophylactics used were two doses (0.2 and 0.5 c.c.) Alum Precipitated Toxoid for children under 5 years. For children over 5 years Toxoid Antitoxin Floccules are used, three doses of 1 c.c. each. Previously immunised children were given a reinforcing dose of 1 c.c. of T.A.F. on reaching the age of 4½ to 5 years.

212 children completed a full course of primary immunisation during the year. 234 children were given a reinforcing dose.

The number of children who had completed a full course of immunisation at any time up to 31st December, 1950, is as follows :—

Under 1.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-15 yrs.	Total.
28	341	401	403	432	1506	1973	5084

Whooping Cough Immunisation Clinic, 1950.

85 children were immunised against Whooping Cough by this Department during the year. In addition, a number of General

Practitioners have given Whooping Cough immunisation but we are not certain of the numbers as an official scheme of Whooping Cough immunisation has not been introduced. The treatment has consisted usually of three injections of Alum Precipitated Vaccine.

Extensive trials carried out have seemed to leave no doubt that this treatment does afford a large measure of protection against Whooping Cough. As no direction has yet been issued by the Ministry of Health we have continued to offer this protection only when the parent has desired it. This disease, however, is so debilitating and causes so much distress and ill-health to children that it has been thought wise to continue immunisation on the small scale which existed in previous years. The treatment has only been offered to children under one year of age as it is considered that the best age for immunisation is in the very early months of life. It is in the young child that the disease shows itself most dangerous and where ill-health and invalidism often follow. Unfortunately if we offer it to older children it is very difficult to persuade the mothers to have their children immunised sufficiently early.

NOTIFIABLE DISEASES.

Diphtheria.

There was one case of Diphtheria notified in the Borough. This was a case of Clinical Diphtheria which occurred in a child aged 5 years who had been immunised.

Smallpox.

No cases of Smallpox occurred during 1950.

A record of the number of vaccinations carried out during the year is given below. It will be seen that altogether 1,330 persons were vaccinated and 586 re-vaccinated in the Brighthouse area. When these figures are analysed as to dates, however, it is seen that most of the vaccinations took place during a period when there were suspected cases of Smallpox in adjoining districts. After this period we had increased success in persuading parents to have their children vaccinated in infancy as a routine measure, but gradually the numbers fell off again towards the end of the year. It is of some comfort to think that we now have a further 1,330 persons with some protection against Smallpox, for the figures in previous years have been less than 100. It will be interesting to see our figures for 1951. I should like to stress once again the importance of having children vaccinated in infancy and to re-inform the public that children can be vaccinated at any of our Child Welfare Centres, or at special sessions held, or by their own doctors.

Number of Persons Vaccinated during 1950.

	Under 1.	1-4.	5-14.	15 or over.	Total.
Number Vaccinated	46	285	501	498	1330
Number Re-Vaccinated	Nil	12	107	467	586

Puerperal Pyrexia.

Two cases of Puerperal Pyrexia were notified as occurring in the Borough during 1950. The temperature in one of these cases was due to Bronchitis. Both cases made a satisfactory recovery.

Ophthalmia Neonatorum.

No cases of Ophthalmia Neonatorum were notified during 1950.

Pneumonia.

10 cases of Pneumonia were reported, compared with 41 in 1949. There were six deaths.

Tuberculosis.

The statistics relating to Tuberculosis are presented in tabular form in Table 17.

No action has been found necessary under the Public Health (Prevention of Tuberculosis) Regulation, 1925, nor under the Public Health Act, 1936, Section 172.

It will be noted that there were 17 notifications of Respiratory Tuberculosis during 1950 as compared with 33 in 1949. Last year was, of course, a year of very high incidence. It was indicated then that the increased incidence was probably due to the visit of the Mass Radiography Unit, when many cases came to light that would otherwise have been discovered later. This has been borne out by our reduced figures this year, and provides further justification for this important preventive health measure. It is hoped that the Mass Radiography Unit will visit us again in the near future.

There is still a shortage of sanatorium accommodation for patients suffering from Pulmonary Tuberculosis. A difficult decision has to be made in the best utilisation of this accommodation. Clinically it is desirable to use the accommodation for patients who are likely to benefit most from hospitalisation and there is some reluctance to admit a patient who is unlikely so to benefit. But from the point of view of social medicine patients often require admission for the sake of their relatives rather than for themselves. Admission to a sanatorium is frequently the only reasonable way of safeguarding other members of the family from the danger of this infection. Although the clinical and social aspects of this disease have been separated to a large extent by the passing of the National

Health Service Act we have been able to do a great deal by continued contact with the Consultant Chest Physician and by the employment of a Health Visitor especially for this work.

Cerebro Spinal Fever.

No cases of Cerebro Spinal Fever were notified during 1950.

Acute Anterior Poliomyelitis.

There were three cases of Acute Anterior Poliomyelitis during the year. None of these cases had any direct connection with each other, but they all occurred during the Autumn. There were no cases in the Summer. One of the patients made a complete recovery, the second patient has very little disability, but the third case was unfortunately fatal.

Sonne Dysentery.

75 cases of Sonne Dysentery were notified during the year. There is no doubt that there was a considerable amount of mild diarrhoea present in the Borough throughout most of the year. In most cases this did not amount to more than a slight inconvenience but I consider that probably it was due mainly to Sonne Dysentery.

Until December, when most of our cases were notified, the only cases notified came from one private practitioner who sent specimens of stools away for examination. The very mildness of the infection made it more liable to spread as in probably no cases were the people compelled even to stop off work, nor were the children obliged to stay away from school. In April there were four cases notified, all children, three being members of the same family. In May there were four cases notified, all members of the same family, one adult and three children. The adult had no constitutional symptoms. In July five cases were notified, four of them children, the remaining adult being the parent of one of the children. In August one child and two old people over 70 were notified. In September there were six cases notified, three of them being children of one family, another two being parent and child, and the third an elderly adult. In October one case was notified, this being a child. In November there were three cases in elderly adults, one case in a school teacher who taught in a neighbouring district, whose adult brother was afterwards found to be infected, and a child.

In December an outbreak occurred in the Day Nursery, there being 20 cases, five of them members of the staff, and 15 among the children. This outbreak has been discussed in the section on Day Nurseries. It is sufficient to state that most of the children and four of the adults showed no signs at all, not even having diarrhoea, the organism being found by examination of the stools. This examination was undertaken in the course of the investigation

of the contacts. The Nursery affected was the Rastrick Nursery, in which area most of the cases occurred.

At the same time as the epidemic in the Nursery there were 25 cases outside the Nursery, 16 of them being children and nine adults.

In addition to the outbreak at Rastrick there were five cases at Hipperholme, three being members of one family. It is possible that these were infected from the Nursery, as one member of the staff lived in this area.

Altogether it did appear that the disease affected principally the very young and the very old, and it also appeared that although the disease did not start in the Nursery, the Nursery did possibly provide for a little while a source of infection for the community.

The outbreak in the Nursery showed how easily the infection can be spread from one person to another, as the strictest precautions were taken throughout, both before and after cases were found. We also had examples of children being apparently re-infected, and certainly the disease can be carried for some months.

At the end of 1950 the epidemic had abated and no further cases were notified in January, 1951.

Abortus Fever.

One case originally thought to be Food Poisoning was found to be Abortus Fever. This was apparently of long duration and occurred in a farmer whose herd was affected several years ago with the disease. There appears to be little doubt that he had had the infection since that time. A full report on this case was sent to the Ministry of Health.

Scarlet Fever.

During 1950 there were 46 cases of Scarlet Fever, compared with 37 in 1949. All the cases were of a mild character and there were no complications and no deaths from this disease.

Enteric Fever.

No cases were notified during 1950.

Chicken Pox.

This is still a notifiable disease in Brighouse and during the year 127 cases were notified, compared with 523 during 1949.

Erysipelas.

There were two cases of Erysipelas during the year, compared with four cases in 1949. None of these cases were severe in character.

Measles.

153 cases were notified during the year, compared with 520 cases last year.

Whooping Cough.

This disease alone among infectious diseases showed this year a remarkably increased incidence, there being 99 cases this year and only 46 cases last year.

CANCER.

79 deaths — 29 males and 50 females — were registered as being caused by some form of malignant disease. These figures show an increase of 14 cases over the 1949 figures.

TABLE 15.

MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1950.

Month	Tuberculosis		Scarlet Fever	Pneumonia	Erysipelas	Diphtheria	Chicken Pox	Puerperal Pyrexia	Measles	German Measles	Whooping Cough	Anterior Polyomyelitis	Dysentery
	Lungs	Other											
January ...	4	1	6	2	1	—	26	—	—	—	20	—	1
February ...	2	1	12	3	—	—	6	1	1	—	10	—	—
March ...	2	—	10	1	—	1	4	1	1	—	19	—	—
April ...	—	—	2	—	—	—	1	—	1	—	14	—	3
May ...	1	—	2	—	—	—	11	—	—	3	4	—	5
June ...	3	—	2	1	—	—	27	—	7	—	11	—	—
July ...	1	1	1	1	—	—	10	—	23	—	1	—	6
August ...	2	—	1	—	—	—	2	—	50	—	—	—	3
September ...	1	—	2	—	—	—	1	—	9	—	—	—	3
October ...	1	1	—	—	—	—	6	—	5	—	2	2	4
November ...	—	1	5	2	1	—	12	—	7	—	15	1	5
December ...	—	1	3	—	—	—	21	—	49	—	3	—	45
Totals ...	17	6	46	10	2	1	127	2	153	3	99	3	75
													544

TABLE 16.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
AND HOSPITAL ADMISSIONS DURING THE YEAR 1950.

Disease.						Cases Notified.	Admitted to Hospital.	Total Deaths.
Measles						153	—	—
Smallpox						—	—	—
Scarlet Fever						46	25	—
Diphtheria						1	1	—
Pneumonia						10	—	6
Erysipelas						2	—	—
Chickenpox						127	—	—
Ophthalmia Neonatorum						—	—	—
Puerperal Pyrexia						2	1	—
Cerebro Spinal Fever						—	—	—
Acute Poliomyelitis						3	2	1
Dysentery						75	1	—
Paratyphoid						—	—	—
Acute Encephalitis						—	—	—
German Measles						3	—	—
Totals						521	31	8

TABLE 17.

TUBERCULOSIS—New Cases and Mortality during 1950.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	1	—	—	—	1
1	—	1	—	—	—	—	—	—
5	1	—	—	2	—	—	—	—
10	—	—	1	—	—	—	—	—
15	—	1	—	—	—	—	—	—
20	—	1	—	—	—	—	—	—
25	1	1	—	1	—	—	1	...
35	2	—	1	—	—	—	—	—
45	3	1	—	—	1	—	—	—
55	3	1	—	—	—	—	—	—
65 and upwards ...	1	—	—	—	—	—	—	—
Totals ...	11	6	2	4	1	—	1	1

TABLE 18.
ANNUAL INCIDENCE OF VARIOUS INFECTIOUS
DISEASES IN BRIGHOUSE SINCE 1893.

Year	Small-Pox	Scarlet Fever	Diphtheria	Ent'c Fever	Erysipelas	Tuberculosis			Pneumonia
						Lungs	Other	Total	
1893	19	152	3	9	21				
1894	—	31	8	31	10				
1895	—	40	7	25	16				
1896	—	46	5	30	24				
1897	—	66	6	21	36				
1898	—	86	5	22	33				
1899	—	195	11	17	20				
1900	—	95	17	16	16				
1901	—	34	44	6	14				
1902	12	51	20	8	12				
1903	13	48	3	3	3				
1904	69	39	6	4	5				
1905	—	57	10	16	13				
1906	—	68	12	9	15				
1907	—	23	37	8	7				
1908	—	25	24	6	8				
1909	—	124	19	7	7				
1910	—	45	12	3	6				
1911	—	22	9	5	7				
1912	—	56	6	1	7				
1913	—	122	6	1	7	62	11	73	
1914	—	203	24	3	14	42	12	54	
1915	—	60	99	2	16	35	17	52	
1916	—	20	36	3	5	24	8	32	
1917	—	13	15	1	3	57	16	73	
1918	—	22	14	—	4	71	8	79	
1919	—	39	11	3	7	40	11	51	
1920	—	27	13	—	13	27	8	35	14
1921	—	151	13	—	3	21	6	27	7
1922	—	72	8	1	18	17	8	25	14
1923	—	71	6	1	5	15	9	24	9
1924	—	65	6	3	3	26	11	37	20
1925	2	62	2	1	11	22	17	39	13
1926	—	18	4	1	7	30	14	44	11
1927	30	15	3	2	2	24	8	32	22
1928	5	37	3	1	6	22	8	30	8
1929	—	207	7	6	3	16	9	25	17
1930	5	179	24	1	4	18	15	33	10
1931	9	40	19	1	6	21	12	33	14
1932	—	41	18	3	9	24	7	31	16
1933	—	38	11	2	11	27	16	43	16
1934	—	27	15	1	8	5	4	9	5
1935	—	86	13	—	11	13	5	18	12
1936	—	80	11	—	4	15	7	22	7
1937	—	91	26	1	11	20	8	28	30
1938	—	70	32	—	19	22	11	33	31
1939	—	36	22	—	19	18	6	24	32
1940	—	28	11	3	17	19	7	26	36
1941	—	49	27	1	8	18	5	23	23
1942	—	102	12	—	5	14	4	18	18
1943	—	80	16	—	8	22	5	27	25
1944	—	94	18	—	5	12	10	22	19
1945	—	47	7	—	4	17	9	26	9
1946	—	30	4	2	6	11	2	13	16
1947	—	51	6	—	6	23	4	27	7
1948	—	42	2	—	6	25	8	33	16
1949	—	37	1	—	4	33	2	35	41
1950	—	46	1	—	2	17	6	23	10
Totals	164	3801	830	291	580	945	334	1279	528
Av'rg's	2.8	65.5	14.3	5.0	10.0	24.9	8.8	33.7	17.0

TABLE 19.

BIRTH RATE, STILL BIRTH RATE, INFANTILE MORTALITY RATE AND DEATHS FROM
DIARRHOEA FOR 10 YEAR PERIODS FROM 1896.

Decade	Live Births Rate per 1,000 of the Population		Still Births Rate per 1,000 Total Births	Infantile Mortality Rate		Total Deaths of Infants from Still Birth and Failure to survive 1st year of life. Rate per 1,000 total births	Death Rate from Diarrhoea under 2 years of age, per 1,000 live births	
	Brighouse	England & Wales		Brighouse	England & Wales		Brighouse	England & Wales
1896-1905	23.70	28.8	not known	139	147	not known	8.4	31.4
1906-1915	18.44	24.8	49.6	94	123	133.8	6.4	22.3
1916-1925	15.6	20.1	47.77	81	83	117.9	6.4	9.8
1926-1935	12.3	15.8	54.7	63	65	114	3.5	6.3
1936-1945	14.35	15.4	30.48	53.97	53	82.68	3.37	5.2
1946	16.87	19.1	25.19	33.79	43	57.95	1.99	4.4
1947	18.12	20.5	38.46	40.00	41	76.92	5.45	5.8
1948	16.55	17.9	26.72	39.22	34	64.88	0.00	3.3
1949	16.42	16.7	17.51	23.76	32	40.86	0.00	3.0
1950	14.81	15.8	13.02	24.2	30	36.88	0.00	1.9

TABLE 20.

DEATHS FROM SPECIFIED CAUSES SINCE 1896. BOROUGH OF BRIGHOUSE.

Maternal Mortality		Deaths from Various Causes—Rates per 1,000 Population												
Decade	Death Rate per 1,000 Total Births	Typhoid and Paratyphoid Fever	Small-Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Cancer	Tuberculosis			All Causes	
										Lungs	Other	Total	B'house	Eng'd & Wales
1896-1905	4.06	0.08	0.02	0.32	0.17	0.23	0.16	0.15	0.66	1.58	0.39	1.97	15.25	16.8
1906-1915	6.38	0.05	0.00	0.30	0.06	0.17	0.25	0.12	0.93	1.29	0.41	1.70	13.68	14.3
1916-1925	5.60	0.02	0.00	0.11	0.05	0.14	0.09	0.85	1.23	1.12	0.36	1.48	14.71	13.3
1926-1935	5.25	0.02	0.00	0.01	0.02	0.03	0.06	0.53	1.75	0.76	0.18	0.94	13.84	12.05
1936-1945	4.16	0.01	0.00	0.01	0.01	0.04	0.04	0.24	1.95	0.43	0.11	0.54	14.95	12.04
1946	0.00	0.03	0.00	0.00	0.00	0.03	0.00	0.10	2.42	0.40	0.03	0.43	14.42	11.5
1947	1.75	0.00	0.00	0.03	0.00	0.00	0.00	0.03	1.81	0.43	0.03	0.46	13.90	12.0
1948	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.04	0.42	0.06	0.48	14.18	10.8
1949	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.42	2.11	0.49	0.06	0.55	14.08	11.7
1950	0.00	0.00	0.00	0.00	0.00	0.03	0.00	0.06	3.21	0.03	0.06	0.09	14.00	11.6

TABLE 21.

BOROUGH OF BRIGHOUSE.

TOTAL DEATHS FROM CERTAIN SPECIFIED CAUSES, AVERAGE DEATHS PER ANNUM, AND NOTIFICATIONS AND CASE MORTALITY OF CERTAIN INFECTIOUS DISEASES SINCE 1894.

	Maternal Mortality			Typhoid and Paratyphoid Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Cancer	Tuberculosis		
	Puerperal Sepsis	Other Puerperal Causes	Total									Lungs	Other	Total
Total Deaths since Incorporation of Borough, 1894	20	66	86	45	4	180	68	150	135	431	1845	1265	308	1573
Average Deaths Per Annum ...	0.35	1.16	1.51	0.79	0.07	3.16	1.19	2.63	2.37	7.56	32.37	22.19	5.40	27.59
Total Infectious Diseases Notified ...	—	—	—	291	164	Notifiable only since 1939 2935	3801	Notifiable only since 1939 568	830	Not Notifiable	Not an Infectious Disease	946 only	333 since 1913	1279 1913
Case Mortality Rate per 100 Cases ...	—	—	—	15.46	2.44	3 d'ths since 1939	1.78	8 d'ths since 1939	16.26	—	—	616 d'ths since 1913	168 d'ths since 1913	784 d'ths since 1913
						0.10		1.41				65.11	50.45	61.29

TABLE 22.
ANNUAL BIRTHS, STILL BIRTHS AND INFANTILE MORTALITY IN BRIGHOUSE SINCE THE
INCORPORATION OF THE BOROUGH, 1894.

Year	Population	Total Births	Stillbirths		Live Births		Birth Rate for England and Wales	Deaths of Infants under 1 year	Infantile Mortality Rate per 1,000 live births		Total Deaths of Infants from Stillbirth or failure to survive 1st year of life		Deaths from Diarrhoea under 2 years of age		
			No.	Rate per 1000 total Births	No.	Rate per 1000 of population			Brighouse	England and Wales	Stillbirths and Deaths under 1 year of age	Rate per 1000 total births	No.	Rate per 1000 live births	England and Wales
1894	21,043				571	27.13	29.6	65	113.83	137			1	1.7	14.35
1895	21,153				573	27.08	30.3	76	132	161			15	26.2	33.85
1896	21,238				547	26.83	29.7	77	141	148			5	9.1	23.71
1897	21,347				573	26.84	29.7	74	129	156			4	6.9	36.33
1898	21,466				549	25.37	29.4	108	198	160			13	23.7	41.93
1899	21,570				503	23.31	29.3	61	128	163			2	3.97	44.90
1900	21,690				513	23.63	28.9	75	151	154			1	1.97	32.16
1901	21,780				516	23.69	28.5	91	176	151			11	21.3	36.66
1902	21,960				492	22.40	28.6	63	125	133			—	—	17.07
1903	21,983				501	22.78	28.4	60	120	132			4	7.99	21.92
1904	22,076				477	21.67	27.9	53	106	145			2	4.19	34.78
1905	22,100				454	20.54	27.2	54	111	128			2	4.41	25.02
1906	22,196				460	20.72	27.0	65	141	132			5	10.90	36.73
1907	22,280	442	20	45.25	422	18.94	26.3	42	99	116	62	140.3	—	—	14.76
1908	22,365	475	23	48.32	452	20.21	26.5	47	104	120	70	147.6	3	6.64	24.04
1909	22,455	428	17	39.72	411	18.30	25.6	40	97	109	57	133.2	1	2.43	14.97
1910	22,520	427	24	56.26	403	17.89	24.8	36	89	105	60	140.5	2	4.96	15.69
1911	20,843	391	24	61.64	367	17.57	24.4	29	79	130	53	135.5	9	24.50	44.04
1912	20,900	377	18	47.74	359	17.77	23.8	29	81	195	47	124.4	—	—	9.18
1913	20,960	397	24	60.41	373	17.79	23.9	25	67	108	49	123.4	2	5.34	24.20
1914	21,020	398	17	42.71	381	18.12	23.8	29	76	105	46	115.1	1	2.62	21.05
1915	21,100	361	16	44.32	345	17.10	21.8	36	104	110	52	144.0	2	5.79	18.86
1916	19,748	366	21	57.38	345	16.06	21.6	21	61	91	42	114.8	—	—	12.47
1917	19,332	310	15	48.40	295	13.68	17.8	26	88.4	96	41	132.3	6	2.03	12.18
1918	19,364				304	14.01	17.7	36	118	97			—	—	10.99
1919	21,000	304	11	36.18	293	14.01	18.5	26	88.6	89	37	121.3	1	3.4	9.59
1920	20,871	445	22	49.44	423	20.27	25.4	31	73.16	80	53	119.1	—	—	8.3
1921	20,610	416	22	52.90	394	19.12	22.4	38	111.0	83	60	144.2	4	10.2	15.5
1922	20,670				331	16.01	20.6	31	96.6	77			8	24.1	6.2
1923	20,390	299	14	46.82	285	13.48	19.7	16	56.14	69	30	100.4	3	10.52	7.7
1924	20,100	314	19	60.51	295	14.66	18.8	13	44	75	32	101.9	3	10.8	7.3
1925	19,920	303	9	29.70	294	14.70	18.3	24	81.6	75	33	108.9	1	3.4	8.4
1926	19,440	311	17	54.66	294	15.1	17.8	14	47	70	31	99.7	1	5.4	8.7
1927	19,380	267	11	41.20	256	13.2	16.7	23	90	69	34	127.3	—	—	6.3
1928	19,460	264	12	45.45	252	12.9	16.7	11	44	65	23	87.1	1	4.0	7.0
1929	19,640	267	18	67.41	249	12.1	16.3	20	80	74	38	142.3	2	8.0	8.1
1930	19,640	242	15	61.16	227	11.6	16.3	16	75	60	31	128.1	—	—	6.0
1931	19,940	219	14	63.9	205	10.3	15.8	15	73.2	66	29	132.4	—	—	6.0
1932	19,740	263	8	30.4	255	12.9	15.3	20	78.4	65	28	106.4	1	3.91	6.6
1933	19,670	213	8	37.6	205	10.4	14.4	10	48.4	64	18	84.5	—	—	7.1
1934	19,550	266	16	64.00	250	12.78	14.8	15	64.00	59	31	116.6	2	8.0	5.5
1935	19,510	258	21	81.40	237	12.15	14.7	9	37.97	57	30	116.3	1	4.22	5.7
1936	19,430	231	7	30.30	224	11.53	14.8	19	84.82	59	26	112.1	4	17.86	5.9
1937	30,120	425	18	42.35	407	13.51	14.9	17	41.77	58	35	82.4	—	—	5.8
1938	30,140	453	19	41.94	434	14.4	15.1	20	46.08	53	39	86.1	—	—	5.5
1939	29,900	441	19	43.08	422	14.1	15.0	17	40.28	50	36	81.6	—	—	4.6
1940	29,540	365	11	30.10	354	11.98	14.6	27	76.27	55	38	104.1	1	2.80	4.6
1941	29,680	407	16	39.31	391	13.17	14.2	29	74.16	59	45	110.5	—	—	5.1
1942	29,170	458	10	21.83	448	15.35	15.8	20	44.64	49	30	65.5	2	4.46	5.2
1943	28,500	474	6	12.66	468	16.42	16.5	20	42.73	49	26	54.8	1	2.13	5.3
1944	27,840	519	15	28.9	504	18.10	17.6	29	57.54	46	44	84.78	2	3.97	4.8
1945	27,540	420	6	14.29	414	15.03	16.1	13	31.4	46	19	45.24	1	2.42	5.6
1946	29,810	516	13	25.19	503	16.87	19.1	17	33.79	43	30	57.95	1	0.03	4.4
1947	30,350	572	22	38.46	550	18.12	20.5	22	40.00	41	44	76.92	3	5.45	5.8
1948	30,810	524	14	26.72	510	16.55	17.9	20	39.22	34	34	64.88	—	0.00	2.3
1949	30,760	514	9	17.51	505	16.42	16.7	12	23.76	32	21	40.86	—	0.00	3.0
1950	30,710	461	6	13.02	455	14.81	15.8	11	24.22	30	17	36.88	—	0.00	1.9

Borough of



Brighouse

HEALTH AND CLEANSING DEPARTMENT

ANNUAL REPORT

OF THE CHIEF SANITARY INSPECTOR
AND CLEANSING SUPERINTENDENT
FOR THE YEAR 1950

C. R. MOSS, M.B.E., F.Inst.P.C., F.S.I.A.
CHIEF SANITARY INSPECTOR and
CLEANSING SUPERINTENDENT

Borough of Brighouse

HEALTH AND CLEANSING COMMITTEE :

His Worship the Mayor :

Alderman G. A. STILLINGFLEET, J.P.

Chairman :

Councillor H. ARMITAGE, J.P.

Vice-Chairman :

Alderman TATTERSALL.

Alderman	HINCHLIFFE.	Councillor	GREEN.
„	WHITELEY, C.B.E., C.C.	„	KENDALL.
Councillor	BROADBENT.	„	REDFEARN.
„	C. F. BOTTOMLEY.	„	STEBBINGS.
„	CLAMP.	„	TURNER, M.C., J.P.

OFFICERS :

Chief Sanitary Inspector and Cleansing Superintendent :

C. R. MOSS, M.B.E., F.Inst.P.C., F.S.I.A.

Ollett Gold Medallist—Sanitary Inspectors' Association.

Assoc. Mem. Inst. San. Engineers.

Cert. Royal Sanitary Institute.

Cert. Inspector of Meat and Foods.

Testamur Institute of Public Cleansing.

Deputy Chief Sanitary Inspector :

J. F. ASPINALL, M.S.I.A., A.M.Inst.P.C.

Cert. R.S.I. and S.I.J.E.B.

Cert. Inspector of Meat and Foods.

Diploma Institute of Hygiene.

Testamur Institute of Public Cleansing.

Additional Sanitary Inspectors :

D. BROOK, M.S.I.A.

Cert. R.S.I. and S.I.J.E.B.

Cert. Inspector of Meat and Foods.

N. N. MORRIS, M.S.I.A.

Cert. R.S.I. and S.I.J.E.B.

Diploma Royal Institute of Public Health and Hygiene.

Clerks :

Mrs. J. PICKARD.

Miss M. STIRK (commenced 1st April, 1950).

Mr. A. E. HOLDSWORTH (Cleansing Services). (Called up to H.M. Forces, November, 1950).

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR
AND CLEANSING SUPERINTENDENT FOR THE YEAR
1950.

TO HIS WORSHIP THE MAYOR, ALDERMEN AND
COUNCILLORS OF THE BOROUGH OF BRIGHOUSE.

Mr. Mayor, Lady and Gentlemen,

It is with pleasure that I submit to you my Annual Report for the year 1950.

Following the custom of previous years, the Report on Sanitary Administration covers the year ending December 31st, 1950, whilst the Cleansing Report is for the financial year ending 31st March, 1951.

The year was one of good progress in all aspects of the services despite the continued difficulties of acute shortage of labour.

The greater increase in home-killed meat during the year brought added responsibility and the amount of diseased meat dealt with was outstandingly high.

The question of municipal bin provision was given consideration by both the Health and the Finance Committees. A survey of all dustbins was carried out with a view to free bin provision being adopted in 1951 but, in view of the fact that galvanized iron sanitary dustbins are no longer available for refuse collection, the Council decided to defer the matter until normal deliveries of the proper type of receptacle are again available.

For the first time in the history of the Borough complete figures are available in respect of the measurement of atmospheric pollution. It is hoped to bring two more standard gauges into being in 1951 at Clifton and Southowram respectively.

The decline in income from salvage sales reported in the 1949 Annual Report has been arrested and once again a satisfactory credit balance from refuse disposal is available towards the rate fund.

May I, in conclusion, thank the Chairman, Vice-Chairman and the Members of the Health and Cleansing Committee for their continued confidence and support in all matters referred to them for their consideration and, finally, to the Members of the Staff for their assistance and loyalty.

I am, Mr. Mayor, Lady and Gentlemen,

Your obedient servant,

C. R. MOSS,

Chief Sanitary Inspector and
Cleansing Superintendent.

WATER.

Public Water Supply.

The Borough of Brighouse is supplied with water from the Halifax Corporation Reservoirs, and during the year under review regular routine samples for Bacteriological Examination were taken from the various Wards in the Borough with the following results:—

Ward.	Number of Samples Submitted.			Number Satisfactory.	Number Unsatisfactory.
Central	5	5	—		
Clifton	5	5	—		
Hipperholme	5	5	—		
Hove Edge	5	5	—		
Longroyde	5	5	—		
Lightcliffe	5	5	—		
Southowram	5	4	1		
Woodhouse	5	5	—		
Totals ...	40	39	1		

Private Water Supplies.

During the year samples were also submitted from private wells and springs in the Borough with the following results:—

Situation.	No. Submitted.	Satisfactory.	Suspicious.
Ashgrove Sanitary Pipe Works ...	1	—	1
Ashgrove Cottage, Elland Road ...	1	—	1
1-4 Ridge End, Rastrick	1	—	1
Ridge End Farm	1	—	1
Green Lane Cottages	1	—	1
Regional Slaughterhouse	1	1	—
Totals ...	6	1	5

Examination for Plumbo-Solvency.

One sample of water was submitted during the year for special examination for Plumbo-solvency, details of the examinations were as follows:—

Supply.	Date Sample Collected.	Address at which Collected.	Approx. length of Lead Ser- vice Pipe.	Result of Examination.	
				Lead con- tents (Grains per Gal.	pH value.
After standing in pipe for measured period of $\frac{1}{2}$ hr.	22-3-50	6 Scholey Road	42ft.	Nil	7.0
After standing in pipe all night	22-3-50	do.	42ft.	Nil	7.0

Water Supply — Public Swimming Baths.

Routine samples of the water in the Bathing Pool of the Public Swimming Baths, Mill Royd Street, were submitted during the year for Bacteriological Examination. The details of these are as follows :—

Month.	No. Obtained.	No. Satisfactory.
January	2	2
February	2	2
March	2	2
April	2	2
May	2	2
June	2	2
July	2	2
August	2	2
September	2	2
November	2	2
December	2	2
Totals ...	22	22

SANITARY ACCOMMODATION.

56 additional water closets were provided during 1950 to existing properties, 147 water closets were provided for new houses.

The following table indicates the numbers of the various types of Sanitary Conveniences in the Borough at the end of the year :—

Fresh Water Closets	.....	.....	.....	.....	10,919
Waste Water Closets	.....	.....	.....	.....	64
Pail Closets	.....	.....	.....	.....	188
Privies	.....	.....	.....	.....	90

3 Privies and 5 Pail Closets were converted to Fresh Water Closets during the year ; whilst one privy was also abolished. In addition 6 Waste Water Closets were converted to Fresh Water Closets.

DRAINAGE.

47 inspections were paid during the year in connection with the repairs and reconstruction of drains to existing houses.

In 6 instances use was made of the smoke test, whilst in 187 instances the use of the colour test was resorted to, the water test was used 3 times and the odour test once.

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS AND REGULATIONS.

(1) Offensive Trades.

The following Offensive Trades are carried on in the Borough with the permission of the Council :—

Tripe Boiler	.....	.....	.....	.....	.....	1
Soap Boilers	.....	.....	.....	.....	.....	2
Fat Melters	.....	.....	.....	.....	.....	1
Rag and Bone Dealers	.....	.....	.....	.....	.....	2

47 inspections were paid to these premises during the year, and the Byelaws were found to be well observed.

MOVABLE DWELLINGS.

Tents, Vans, Sheds, etc.

Two sites in the Borough are licensed under the provisions of Section 269 of the Public Health Act, 1936, as sites for movable dwellings, as follows :—

Land, Atlas Mill Road	.....	.....	.....	3 caravans.
Broadholme Mill Yard, Atlas Mill Road	.....			1 caravan.

FACTORIES ACT, 1937.

Bakehouses.

209 inspections were paid during the year to the 29 bakehouses in the Borough.

Factories (Mechanical and Non-Mechanical).

6 complaints were received from H.M. Inspector of Factories. The following improvements were carried out at Factory Premises during the year :—

SANITARY ACCOMMODATION.

					No. of Defects.	
					Found.	Remedied.
Absence of Sanitary Accommodation	...	...			1	1
Conveniences not screened	...	...	...	...	2	2
Absence of lighting	...	...	...	...	2	2
Conveniences requiring cleansing	...	...	...	...	3	3

188 inspections were paid to these premises during the year, and the following additional defects were revealed and action taken :—

Artificial light provided to conveniences	...	...	...	...	3
Door provided to w.c.'s	...	...	...	...	3
Conveniences labelled as to sex	...	...	...	...	9
Conveniences cleansed	...	...	...	...	10
Fasteners fixed to w.c.'s	...	...	...	...	27

The following is a list of classified trades carried on in the Borough :—

Aerated Waters	.....	.....	.....	.....	.....	1
Aircraft Parts	.....	.....	.....	.....	.....	1
Asphalt	.....	.....	.....	.....	.....	1
Bakehouses	.....	.....	.....	.....	.....	20
Bedding Manufacture	.....	.....	.....	.....	.....	2
Blacksmiths	.....	.....	.....	.....	.....	3
Boot and Shoe Repairs	.....	.....	.....	.....	.....	6
Brick Manufacture	.....	.....	.....	.....	.....	7
Cabinet Making	.....	.....	.....	.....	.....	3
Caravans	.....	.....	.....	.....	.....	1
Card Clothing	.....	.....	.....	.....	.....	4
Carpet Manufacture	.....	.....	.....	.....	.....	4
Cattle Foods	.....	.....	.....	.....	.....	1
Chemicals	.....	.....	.....	.....	.....	1
Clock Making	.....	.....	.....	.....	.....	1
Clothing	.....	.....	.....	.....	.....	7
Coal Gas	.....	.....	.....	.....	.....	1
Condiments	.....	.....	.....	.....	.....	3
Dyers	.....	.....	.....	.....	.....	6
Electrical Trades	.....	.....	.....	.....	.....	5
Electro Plating	.....	.....	.....	.....	.....	1
Enamelling	.....	.....	.....	.....	.....	1
Engineers	.....	.....	.....	.....	.....	16
Fireplaces	.....	.....	.....	.....	.....	1
Fish Meal	.....	.....	.....	.....	.....	1
Flock Cleansing and Teasing	.....	.....	.....	.....	.....	1
Flour Milling	.....	.....	.....	.....	.....	1
Food Preparation	.....	.....	.....	.....	.....	6
Generation of Electricity	.....	.....	.....	.....	.....	2
Glazed Pipes	.....	.....	.....	.....	.....	1
Gramophone Parts	.....	.....	.....	.....	.....	1
Handbags	.....	.....	.....	.....	.....	1
Ice Cream	.....	.....	.....	.....	.....	1
Joinery	.....	.....	.....	.....	.....	25
Laundering	.....	.....	.....	.....	.....	4
Machine Tools	.....	.....	.....	.....	.....	7
Malsters	.....	.....	.....	.....	.....	3

Metal Founding	9
Mortar Grinding	4
Motor Vehicle Repairs	18
Oil Refining	1
Oil Recovery	2
Packing Manufacture	3
Packing Cases	1
Paint Manufacture	3
Patent Glazing	1
Pattern Making	3
Paving Slabs	4
Photography	2
Plumbing	4
Printing	3
Radio and Television	4
Rubber Pads — Horses	1
Rubber — Fabric Lined	1
Sheet Metal Workers	4
Soap Manufacture	2
Stone Sawing	1
Tailoring	2
Tanning	2
Textiles	36
Warehousing	3
Wire Drawing	10
Wire Goods	6
Total	280

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

This work is carried out by the Part-time Rodent Operative employed by the Department and the following table indicates the types of infestations dealt with and the results obtained.

(1) Types of Infestation.

• Reservoir	Nil.
Major	4
Minor	62

(2) Types of Poisons and Baits used.

BAITS.	POISONS.
Sausage Rusk.	Zinc Phosphide.
Bread Mash.	Red Squill.
Flour.	Arsenic.
Soaked Wheat.	A.N.T.U.

(3) Gassing.

On 2 occasions during the year disinfestation was achieved by gassing with the use of Cymag.

(4) Results of Treatment.

Cases outstanding at commencement of year	Nil	
Private premises treated during year	39	
Local Authority premises treated during year	3	
Business premises treated during year	24	
	—	66
Private premises re-treated during year	5	
Local Authority Premises re-treated during year	7	
Business premises re-treated during year	10	
	—	22
	Total	88
Premises cleared of rats		66
Infestations outstanding at year end		Nil
Number of pre-baits laid		3170
Number of poison baits laid		900
Number of check baits laid		741
	Total	4811
Number of bodies seen		76
Estimated killed		1104
	Total	1180
Number of visits paid by Rodent Operative during the year in connection with the above infestations		712
Number of inspections paid to premises by Inspectors in respect of infestations		381
	Total	1093

(5) Premises treated for Infestation by Mice.

42 premises were successfully treated for infestation by mice during the year, comprising 28 Private premises and 14 Business premises.

ATMOSPHERIC POLLUTION.

242 " timed $\frac{1}{2}$ hour " observations were taken during 1950. The following table gives detailed particulars of the observations taken :—

No. of chimneys of which observations have been taken	53
No. of observations taken	242
Average No. in minutes black smoke during the above 242 observations .....	.43
Average No. of minutes smoke other than black smoke during the 242 observations	4.88
No. of observations showing black smoke	60
Average No. of minutes black smoke during the above 60 observations	1.73
No. of observations showing black smoke exceeding 3 minutes in every 30	1
Average No. of minutes black smoke during the above observation	10
Maximum No. of minutes black smoke emitted by any one chimney during 30 mins. observation	10
No. of Notices of Offence served	1

1950 is the first completed year of the measurement of atmospheric pollution in the Borough by means of the Deposit Gauges situate at :—

1. King George V Park, Lightcliffe.
2. Wellholme Park, Brighouse.
3. Carr Green, Rastrick.

The results obtained are depicted in the graphs and tables on pages 77, 79, 80 and 81.

It is unfortunate that the fuel position generally is indicative of a slowing down process in our endeavours to clear up the atmosphere. With the continued use of low grade fuel both for industrial and domestic purposes, little can be done in the matter at the moment. We were, however, fortunate in seeing and up-grading of fuel at two industrial concerns after approach to the Divisional Office of the Ministry of Fuel and Power.

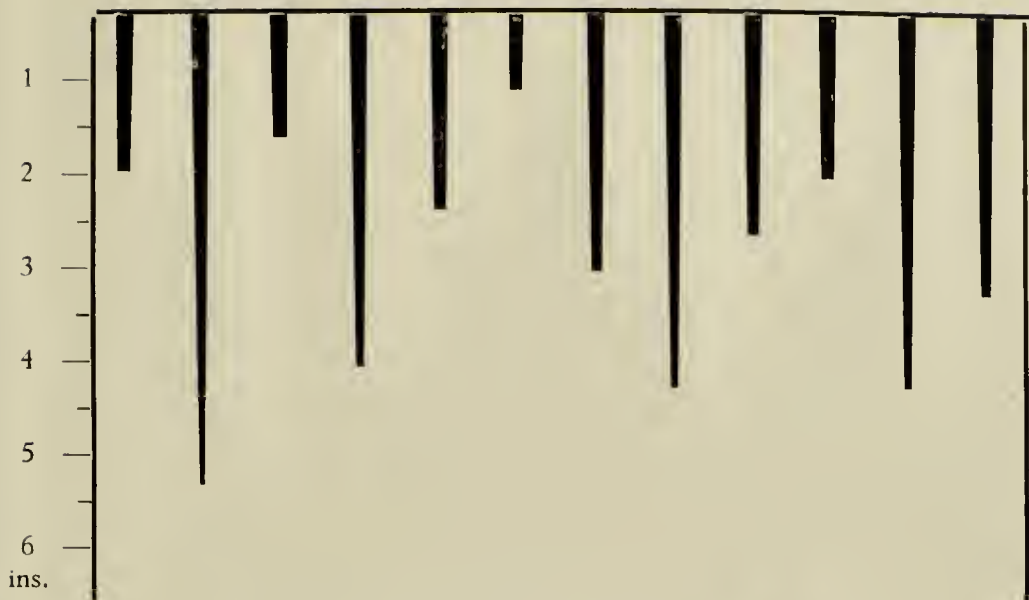
The interest displayed by the Health and Cleansing Committee in this important subject is worthy of note, and it has been decided to extend development by the addition of two further atmospheric deposit gauges at Southowram and Clifton respectively and the installation of 5 Lead Peroxide Instruments for determining the amount of Sulphur Dioxide. It is hoped to bring these further instruments into being during the present year and by these means the whole of the Borough will now be adequately covered.

ATMOSPHERIC POLLUTION.

MONTHLY ANALYSES, 1950.

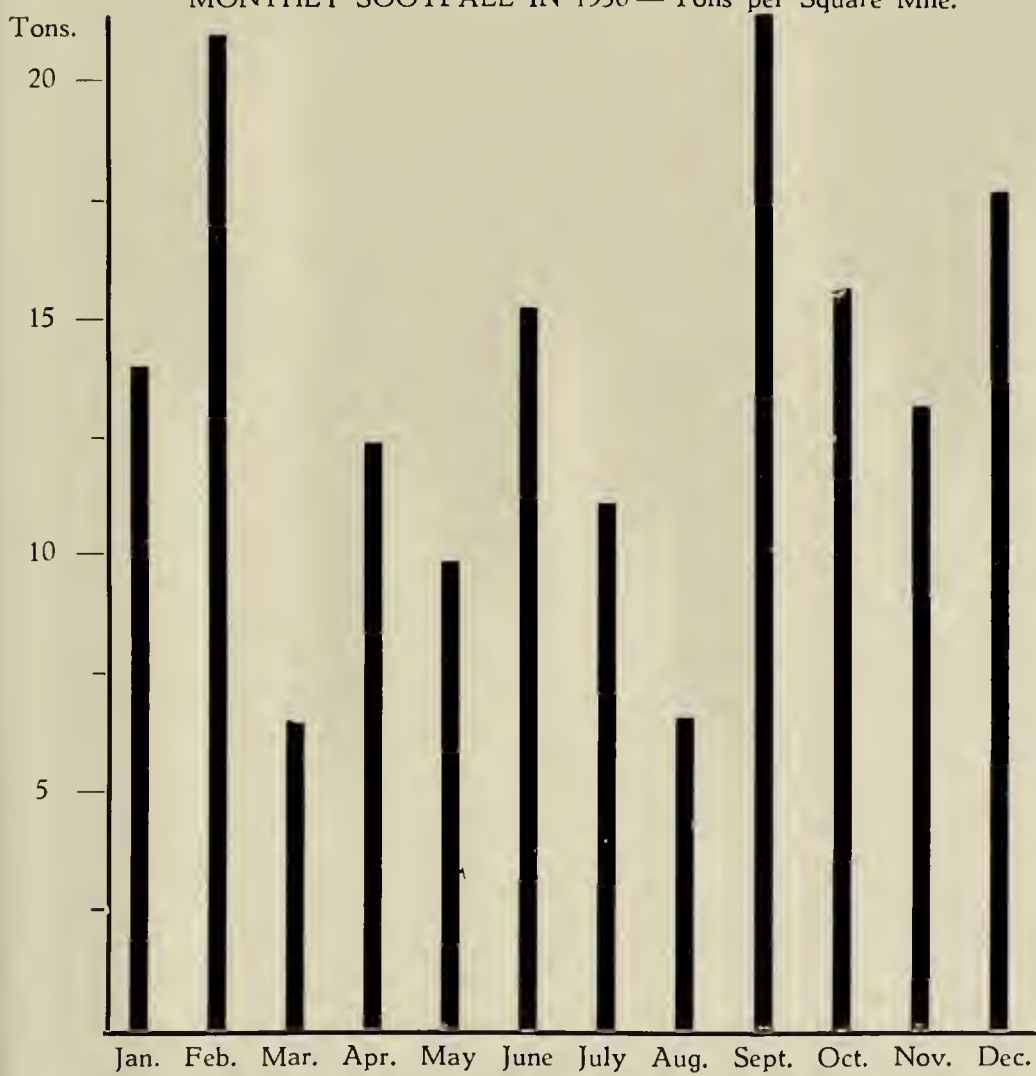
Month	WELLHOLME PARK								CARR GREEN								KING GEORGE V PARK							
	Rainfall Inches	Tons per Square Mile							Rainfall Inches	Tons per Square Mile							Rainfall Inches	Tons per Square Mile						
		Total Solids	Undissolved Solids	Dissolved Matter	Tar	Sulphate as SO ₄	Chlorine as Cl	Lime as CO		Total Solids	Undissolved Solids	Dissolved Matter	Tar	Sulphate as SO ₄	Chlorine as Cl	Lime as CO		Total Solids	Undissolved Solids	Dissolved Matter	Tar	Sulphate as SO ₄	Chlorine as Cl	Lime as CO
January ...	1.70	14.94	8.75	6.19	.24	2.28	1.39	.25	1.32	9.74	5.61	4.13	.17	1.38	.96	.01	1.86	14.04	6.63	7.41	.28	3.04	1.09	.25
February ...	5.34	15.31	5.78	9.53	.10	4.36	3.06	.34	4.59	16.82	6.50	10.32	.24	3.75	2.75	.58	5.37	21.29	3.71	17.58	.11	8.75	2.75	.35
March ...	1.68	11.50	7.59	3.91	.02	1.40	1.09	.44	1.86	8.80	4.47	4.33	.07	1.55	1.20	.14	1.53	7.17	3.99	3.18	.07	1.27	.81	.21
April ...	3.85	15.22	9.33	5.89	.17	2.35	3.20	.24	2.97	10.05	3.44	6.61	.07	1.51	2.48	.38	3.88	12.10	6.09	6.01	.07	2.00	3.01	.25
May ...	2.08	11.6	6.29	5.31	.17	2.04	1.43	.14	2.09	10.77	6.57	4.20	.41	1.69	1.17	.14	2.05	9.88	5.12	4.76	.32	1.47	1.07	.25
June ...	.80	10.51	7.35	3.16	.27	1.05	.51	.10	.60	15.65	12.62	3.03	.45	.96	.45	.14	.89	15.32	11.88	3.44	.21	1.11	.40	.10
July ...	2.94	15.08	10.58	4.50	.27	1.50	.75	.37	2.75	11.25	6.09	5.16	.14	1.93	.69	.34	2.88	11.52	7.80	3.72	.22	1.18	.75	.18
August ...		Deposit Gauge Broken							3.64	7.88	4.20	3.68	.10	.76	1.51	.14	4.49	6.73	4.44	2.29	.18	.43	1.00	.21
September ...	4.10	14.89	4.11	10.78	.13	3.52	3.35	.23	2.86	13.28	6.88	6.40	.10	1.99	2.03	.17	3.66	21.66	12.21	9.45	.21	2.97	3.18	.25
October ...	2.19	12.85	7.54	5.31	.67	1.13	1.59	.27	1.69	15.88	8.45	7.43	.10	1.00	2.17	.41	1.99	15.53	8.30	7.23	.14	1.65	1.68	.29
November ...	4.06	13.51	6.97	6.54	.56	1.86	1.99	.53	3.78	11.34	6.22	5.12	.17	1.51	1.65	.48	4.43	13.11	7.06	6.05	.47	1.61	2.00	.57
December ...	3.18	10.35	3.65	6.70	.17	1.33	1.99	.17	2.80	13.00	7.99	9.95	.55	1.13	2.61	.21	3.21	17.94	3.89	9.11	.43	1.65	3.33	.21
Total ...	34.02	145.76	77.94	67.82	2.77	22.82	20.35	3.08	26.95	144.41	79.04	70.36	2.47	19.16	19.67	3.14	31.24	166.29	81.12	80.23	2.71	27.13	21.07	3.12

KING GEORGE V PARK.



MONTHLY RAINFALL IN 1950 — Inches.

MONTHLY SOOTFALL IN 1950 — Tons per Square Mile.

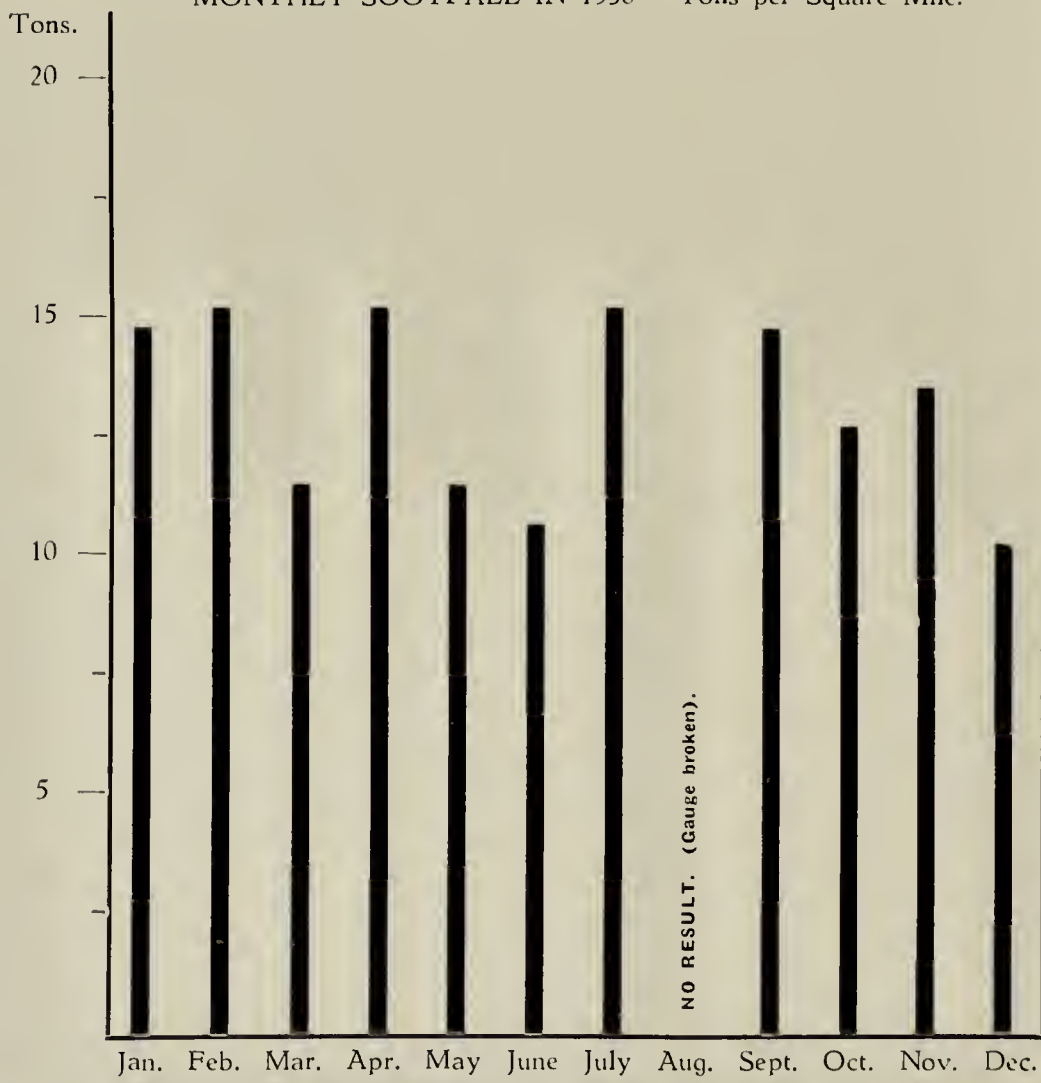


WELLHOLME PARK.



MONTHLY RAINFALL IN 1950 — Inches.

MONTHLY SOOTFALL IN 1950 — Tons per Square Mile.

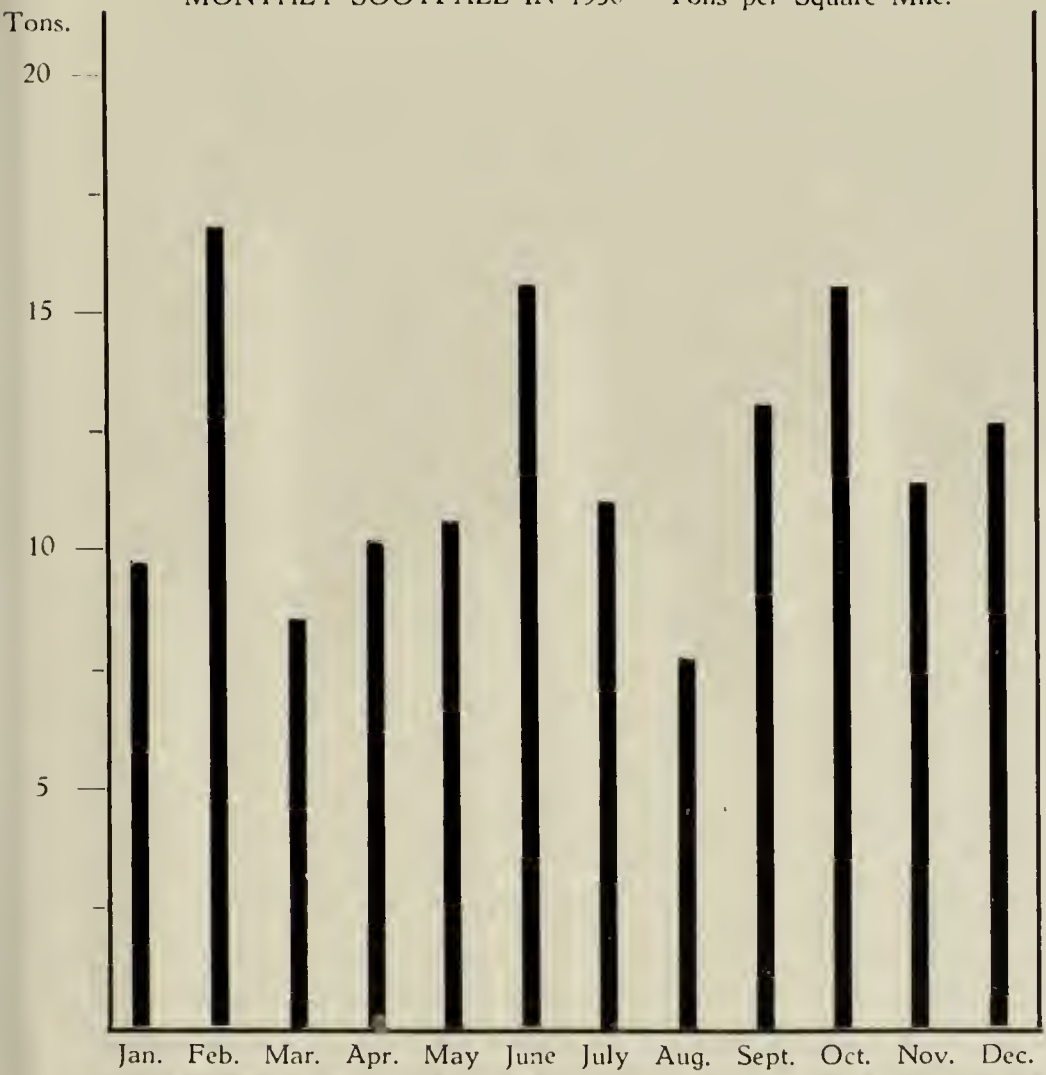


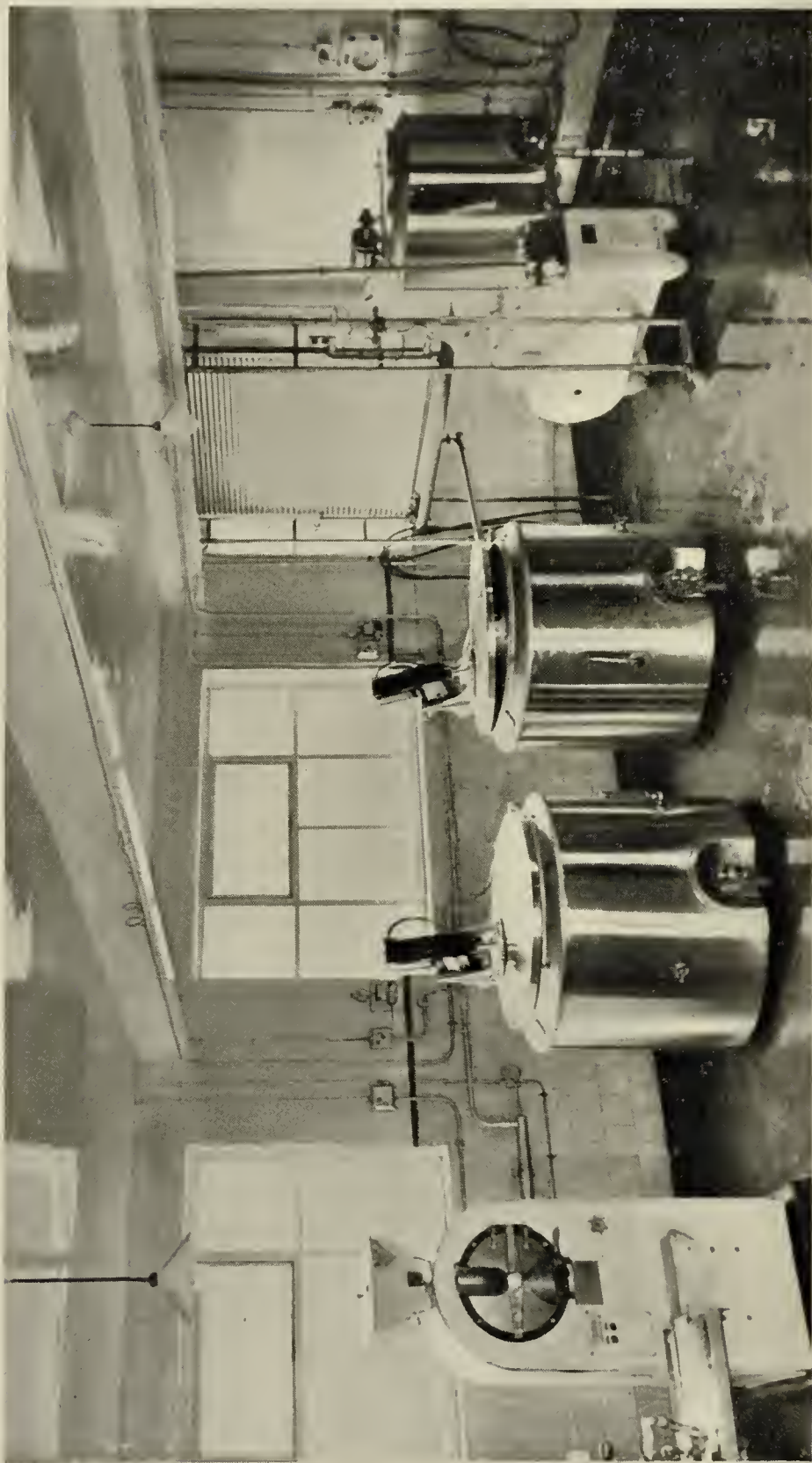
CARR GREEN.



MONTHLY RAINFALL IN 1950 — Inches.

MONTHLY SOOTFALL IN 1950 — Tons per Square Mile.





Interior of Ice Cream Factory Premises in the Borough of Brighouse depicting equipment to comply with the Ice Cream (Heat Treatment) Regulations.

FOOD INSPECTION AND SUPERVISION. MILK SUPPLY.

Milk and Dairies Regulations, 1949.

Number of retail milk sellers registered 3

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Number of licences in force for :—

	Dealers.	Supplementary.
Tuberculin Tested (Pasteurised)		
Milk	7	3
Pasteurised Milk	8	4
Sterilised Milk	24	1

Milk (Special Designation) (Raw Milk) Regulations, 1949.

Turberculin Tested 4 —

Chemical Examination of Milk.

The work in connection with the sampling of milk is administered by the West Riding County Council's Inspector and myself, the County Council bearing the cost of sampling and also providing any legal assistance necessary.

117 samples were submitted for analysis, all of which were formal samples, 101 samples were reported by the Analyst as being Genuine.

14 samples failed to reach the standard of 8.5% solids not fat but in each case the freezing point indicated that water had not been added. 2 samples were reported as Adulterated and "Appeal to Cow" samples were taken, these were reported by the Analyst to be Genuine and the producers were warned by the County Council. One "Appeal to Cow" sample was taken on behalf of the Halifax C.B. after a Producer/Retailer, selling milk in the Halifax area, had been found to be selling milk which the Analyst reported as Adulterated. This sample was reported as Genuine.

	Total Solids.	Solids not fat.	Milk Fat.
Board of Agriculture Standard	11.5	8.5	3.0
Average of 117 samples	12.51	8.58	3.84
Average of 101 samples reaching standard	12.56	8.60	3.84
Average of 16 sub-standard samples ...	12.26	8.44	3.81

Bacteriological Examination of Milk.

During the year 365 samples of milk were taken in the Borough by Officers of this Department for examination at the

Public Health Services Laboratory, Wakefield, these were submitted for examination by the Phosphatase and Methylene Blue Tests with the following results :—

	Methylene Blue Test.			Phosphatase Test.		
	Sat.	Unsat.	Total.	Sat.	Unsat.	Total.
HEAT TREATED MILK.						
(a) School Milks	30	—	30	30	—	30
(b) Milk in course of delivery to dwellinghouses	58	2	60	43	4	47
(c) Sterilized	12	—	12			
DESIGNATED MILKS.						
(a) Tuberculin Tested ...	26	5	31			
(b) Accredited	71	18	89			
UNDESIGNATED MILKS.						
(a) Milk in course of delivery to dwellinghouses	60	18	78			
Totals ...	245	43	288	73	4	77

Biological Examination of Milk.

			No. of Samples free from tubercular bacillus.	No. of Samples found Tuberculous.	Total.
Heat Treated Milk			1	—	1
Tuberculin Tested Milk ...			2	—	2
Accredited Milk			8	—	8
Undesignated Milk			12	—	12
			23	—	23

Meat Inspection.

There is one Ministry of Food Slaughterhouse situated in the Borough, where slaughtering takes place. The area served by the slaughterhouse is the Borough area and the Elland district, the population served by the same being approximately 50,000.

The whole of the Meat Inspection is carried out by your Officers and particulars of the animals slaughtered are given in the following table :—

4 tins Marmalade.	6 tins Pears.
3 tins Jam.	307 tins Milk.
43 tins Luncheon Meat.	61 tins Beans in Tomato.
3 tins Lobster.	52 tins Peas.
15 bottles Pickles.	52 tins Meat and Gravy.
3 bottles Chicken.	1 tin Peeled Shrimps.
1 tin Jellied Veal.	1 tin Sliced Oranges.
14 tins Crawfish.	15 tins Rabbit.
7 tins Cherries.	90 tins Pork Brawn.
5 bottles Gooseberries.	1 tin Crab.
7 tins French Beans.	3 tins Sheep Tongues.
1 tin Mushroom Soup.	2 tins Tomato Juice.
12 tins Peaches.	6 tins Grapes.
3 tins Mussels.	

CARCASES INSPECTED AND CONDEMNED.

				Sheep & Cows. Bovines. Calves. Lambs.				Pigs.
Number Slaughtered	...	...	...	611	1820	559	6396	99
Number Inspected	...	...	...	611	1820	559	6396	99
ALL DISEASES EXCEPT TUBERCULOSIS :								
Whole carcasses condemned	...	...		2	—	11	12	3
Carcasses of which some part or organ was condemned	...	...	...	448	858	—	132	5
Percentage of the number inspected affected with disease other than tuberculosis	...	...	...	73.6%	47.1%	1.9%	2.2%	8.0%
TUBERCULOSIS ONLY :								
Whole carcasses condemned	...	...		25	9	3	—	1
Carcasses of which some part or organ was condemned	...	...	...	332	215	—	—	3
Percentage of the number inspected affected with tuberculosis	...	...		58.3%	12.3%	0.5%	—	4.0%

**LIST OF UNSOUND MEAT CONDEMNED AND SURRENDERED AT THE MINISTRY OF
FOOD SLAUGHTERHOUSE, GIVING WEIGHTS AND CAUSES OF CONDEMNATION IN
MONTHLY ORDER.**

Disease.	Jan. lbs.	Feb. lbs.	Mar. lbs.	Apr. lbs.	May lbs.	June lbs.	July lbs.	Aug. lbs.	Sep. lbs.	Oct. lbs.	Nov. lbs.	Dec. lbs.	Totals lbs.
Actinomycosis	31	—	—	—	66	—	—	21	—	88	—	—	206
Acute Fever	—	—	—	—	—	—	—	—	—	559	66	—	625
Angiomatosis	31	28	30	19	—	18	43	31	262	229	206	28	925
Bruising	—	—	10	3	—	—	39	127	—	51	—	90	320
Cirrhosis	505	409	476	467	568	288	587	1029	1262	—	1220	719	7530
Cysts	—	—	—	—	—	—	12	—	19	—	—	—	31
Decomposition	—	—	—	—	—	103	50	—	—	—	—	—	153
Distomatosis	—	—	—	—	—	26	5	26	39	75	99	10	280
Dropsy	—	—	—	—	—	—	—	102	—	151	137	—	390
Emaciation	—	—	—	—	—	—	—	—	—	95	—	64	159
Fatty Degeneration	—	14	—	—	—	—	18	20	20	—	—	—	72
Hydronephrosis	—	—	—	—	—	—	—	10	—	—	—	—	10
Immaturity	34	—	—	—	—	—	—	—	—	—	—	—	34
Inflammatory Condition... ..	45	—	—	15	—	—	—	—	—	—	—	—	60
Jaundice	—	—	—	—	—	—	—	—	—	—	44	—	44
Joint Ill	58	—	—	—	—	—	—	—	—	—	—	—	58
Mastitis	120	100	131	118	69	70	255	199	716	762	949	269	3758
Moribund	—	78	—	—	—	—	—	—	110	—	—	—	188
Multiple Abscess	116	66	21	49	65	41	100	49	135	137	260	94	1133
Peritonitis	—	—	—	—	—	—	—	9	—	—	—	—	9
Pyæmia	—	—	—	—	—	—	—	48	—	—	—	—	48
Septic Pericarditis	—	—	—	—	—	—	—	—	—	—	—	516	516
Tuberculosis	2211	504	774	3141	717	2246	2571	3461	7193	7809	8644	1194	40465

TOTAL WEIGHT—25 tons, 9 cwts., 0 qtrs., 6 lbs.

DISEASES OF ANIMALS ACTS.

Anthrax Cases.

During the year under review cases of Anthrax occurred at Hartsoil Farm and in consequence the Local Authority assumed responsibility for the destruction of the affected animals and the supervision of the disinfection of the buildings, etc.

Two separate outbreaks occurred at the same farm, the first occurring in April, whilst two further cases were reported in September of the same year. The cases were dealt with by an Officer of the Ministry of Agriculture and Fisheries and the Local Police were responsible for the cremation of the carcasses at the farm.

The cost of providing wood, coal, etc., for the cremation of the carcasses, was £32 9s. 3d.

SLAUGHTER OF ANIMALS ACT, 1933.

17 persons are licensed to slaughter animals under the Slaughter of Animals Act, 1933.

FOOD AND DRUGS ACT, 1938.

Sausages and Cooked Meats.

There are 31 premises registered under the provisions of Section 14 for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale, and regular routine inspections were made of the same throughout the year.

As on former occasions, considerable attention was paid to the process and the importance of food hygiene and careful handling and preparation of foodstuffs stressed.

Structural alterations were made in several instances and generally speaking the standard of buildings and equipment is satisfactory.

Ice Cream.

17 applications were received during the year to retail ice cream from shop premises, whilst one application from a manufacturer outside the Borough in respect of a vehicle retailing in the Borough was received.

In addition 2 applications were granted for the manufacture of 'iced lollies.'

There are 3 ice cream manufacturers in the Borough where the heat treatment process of manufacture is carried out. No cold mix method is carried out.

Regular routine inspection of manufacturers' premises are made and the conditions found were satisfactory, the firms being only too anxious to co-operate with us.

At the end of the year there were 57 shops registered for the sale of ice cream, in addition to 4 vehicles, whilst 6 premises are registered for the sale of 'iced lollies.'

A total of 136 samples of ice cream were submitted for bacteriological examination by the Methylene Blue Reduction Test, particulars of which are given below :—

Produced.	No. of Samples.	Grade I.		Grade II.		Grade III.		Grade IV.	
		No.	%	No.	%	No.	%	No.	%
In Borough ...	35	27	77.14	6	17.14	—	—	2	5.71
Outside Borough	101	52	51.48	24	23.77	18	17.82	7	6.93
Total ...	136	79	58.08	30	22.05	18	13.26	9	6.61

22 samples of iced lollies were submitted for bacteriological examination, particulars of which are given below :—

Produced.	No. of Samples.	Grade I.		Grade II.		Grade III.		Grade IV.	
		No.	%	No.	%	No.	%	No.	%
In Borough ...	17	15	88.24	—	—	—	—	2	11.76
Outside Borough	5	4	80.00	1	20.00	—	—	—	—
Total ...	22	19	86.31	1	4.55	—	—	2	9.09

Of the samples submitted 22 were direct from manufacturers' premises and the results were as follows :—

Collected from.	No. of Samples.	Grade I.		Grade II.		Grade III.		Grade IV.	
		No.	%	No.	%	No.	%	No.	%
Local Manufacturers' premises	22	18	81.82	4	18.18	—	—	—	—

Whilst 13 samples of local manufacture were submitted for examination from local retailers with the following results :—

Collected from.	No. of Samples.	Grade I.		Grade II.		Grade III.		Grade IV.	
		No.	%	No.	%	No.	%	No.	%
Local Retailers' premises	13	10	76.93	1	7.69	—	—	2	15.38

Food Shops, Food Manufacturing Premises, Licensed Public Houses and Clubs.

Considerable attention and time was devoted to a comprehensive survey of all food shops, food manufacturing premises, licensed houses and clubs in the Borough during the year and in many instances substantial structural improvements were secured, in addition to the essential need of constant hot water supplies being insisted upon. The classification of the various food shops, food manufacturing premises and licensed public houses and clubs are as follows :—

Bakers and Confections	.....	.....	.....	.....	33
Cafes and Canteens	.....	.....	.....	.....	13
Grocers	.....	.....	.....	.....	29
Greengrocers	.....	.....	.....	.....	37
Fishmongers	.....	.....	.....	.....	5
Fried Fish Fryers	.....	.....	.....	.....	35
Sweet and Ice Cream Retailers	.....	.....	.....	.....	21
Butchers	.....	.....	.....	.....	39
General Mixed Stores	.....	.....	.....	.....	71
Sweet Manufacturers	.....	.....	.....	.....	1
Condiment Manufacturer	.....	.....	.....	.....	1
Tripe Retailer	.....	.....	.....	.....	1
Flour Miller	.....	.....	.....	.....	1
Licensed Public Houses	.....	.....	.....	.....	55
Licensed Clubs	.....	.....	.....	.....	24

Byelaws.

During the year Byelaws applying to persons handling, wrapping or delivering food intended for sale for human consumption and to persons selling or exposing for sale in the open air food intended for human consumption were made by the Council.

Two contraventions were reported to the Health and Cleansing Committee and in each case a warning was given by the Town Clerk.

WORKS CARRIED OUT IN DEFAULT.

Under Section 39, Public Health Act, 1936, the following works were carried out in default after legal notice had not been complied with :—

Address.	Defects.	Works carried out.
36 Firth Street, Rastrick	Defective and insanitary stone sink	Defective and insanitary stone sink taken out. One new glazed stoneware sink fixed in lieu, properly trapped and discharging over existing external gully.
	Defective condition of rain water pipe at front of house	New wrought iron rain water pipe fixed in lieu of defective pipe at front of house.

INFECTIOUS DISEASE AND DISINFECTION.

176 visits were paid during the year to cases of infectious disease. 31 disinfections were carried out after infectious disease.

PESTOLOGY.

23 houses were treated with hydrogen cyanide gas for bug infestation and 5 houses were treated with D.D.T. for the same reason.

The furniture and effects from 5 houses affected with vermin were treated with H.C.N. prior to removal to new Council houses.

2 houses were treated with Gamexane or D.D.T. for cock-roaches, 3 houses were treated for flea infestation, and 1 house for flies.

SANITARY INSPECTION OF DISTRICT.

Total Number of Inspections	19,413
Bakehouses Inspected	269
Butchers' Shops Inspected	127
Caravans Inspected	17
Canal Boats Inspected	3
Complaints Investigated	380
Cowsheds and Milkshops	9
Drainage Inspections	47
Diseases of Animals Act :—	
Visits to Anthrax Cases	15
Dustbin Survey	10,441
Dwellinghouses Inspected :—	
Dwellinghouses Inspected and Recorded	74

Housing Acts — Overcrowding Survey	150
Housing Acts — Squatters' Premises	18
Public Health Acts	726
Dwellinghouses Re-inspected :—	
Housing Acts — Overcrowding Survey	11
Public Health Acts	2,500
Disinfections	31
Disinfestations	39
Drains tested with water	3
Drains tested with smoke	6
Drains tested with colour	187
Drains tested by odour	1
Factories Inspected	188
Food Shops	332
Food Preparing Premises	288
Hydrogen Cyanide Regulations :—	
Premises Treated	30
Premises Inspected	29
Ice Cream Premises Inspected :—	
Manufacture	70
Retail	196
Infectious Diseases	176
Markets Inspected	190
Offensive Trades :—	
Fish Frying Premises	109
Fat Rendering Premises	35
Fish Meal Premises	6
Tripe Boiling Premises	5
Prevention of Damage by Pests Act :—	
Inspections	233
Re-inspections	148
Public Cleansing Service	832
Public Conveniences	217
Shops Acts	85
Smoke Observations	242
Slaughterhouse — Regional	470
Works in Progress	538

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED. PUBLIC HEALTH ACTS, 1875 – 1936.

Brigthouse Corporation Act, 1907.

Interior of Houses.

Insufficient water supply renewed	1
Ventilation provided	1
Fireplace fixtures renewed and repaired	9
Ceilings replastered	25

Walls replastered	47
Glazed sinks provided in place of stone sinks	21
Sink waste pipes repaired and renewed	6
Sash cords renewed	7
Burst water pipes repaired	6
Chimney flues repaired	8
Water gaining access to cellar abated	1
Sewage gaining access to cellar abated	9
Window frames renewed or repaired	8
Defective doors repaired	3
Floors repaired	14
Dirty houses cleansed	2
Sink waste pipe traps provided	1
Gas Boilers provided	2
Dilapidated set pot boilers abolished	2

Exterior of Houses.

Eavesgutters renewed or repaired	38
Decayed pointing renewed	34
Leaky roofs repaired	50
Rain water pipes renewed or repaired	29
Mastic Pointing to windows renewed	7
Walls cement rendered	2
Walls repaired	3
Valley gutters cleansed and repaired	1
Chimney stacks rebuilt	2
Additional rain water pipes provided	2
Defective thresholds renewed	3
Choked cavity wall cleansed	1
Defective soil pipes renewed or repaired	5
Rain water pipes disconnected from drain	5

Yards and Outbuildings.

Dilapidated dustbin shelter rebuilt	1
Paving re-laid	3
Offensive accumulations removed	1
Coal storage premises rebuilt	1
Defective roof of wash kitchen repaired	2

Drainage.

Intercepting traps removed	2
Drains repaired and renewed	38
Drains cleansed from obstruction	59
Inspection chambers provided	5
Inspection chamber covers renewed	2
Drains connected to sewer	2
Sewage plant reconstructed	1
Additional gullies provided	2

Sanitary Conveniences.

Furniture provided to w.c. doors	2
Flushing cisterns repaired	11
Privy middens converted to water carriage system	2
Seats repaired or renewed	4
Walls repaired	6
W.C. pedestal renewed	2
Doors renewed or repaired	5
Privy midden converted to pail closet	1
Waste water closets converted to water carriage system	6
Additional w.c.'s provided	30
Privies abolished	1
Pail closets converted to fresh water closets	6
Defective roofs to w.c.'s repaired	13

House Refuse Accommodation.

Dilapidated dustbins renewed	341
Additional dustbins provided	113
Defective dustbins repaired	1

Hydrogen Cyanide Regulations.

Soft goods steam disinfected	17
Premises treated with H.C.N. gas	30

Miscellaneous.

Caravans removed from unlicensed land	3
Infestation of earwigs abated	1

Food Preparing Premises.

Walls and ceilings of bakehouse cleansed	2
New concrete floors provided	5
Ventilation provided	2
Walls of food storage room cement rendered	1
Walls of food storage room cleansed and painted	5
Walls of food storage rooms painted with washable paint	6
Height of preparation room raised by 3 feet	1
Preparation room re-roofed	1
Additional food preparation room provided	1
Stainless steel sink units provided	2
New roof provided to bakehouse	1
Walls of bakehouse painted with washable paint	7
Defective chimney stack rebuilt to bakehouse	1
Ceiling of bakehouse painted with washable paint	1
Artificial light provided	3
New bakehouse and preparation room provided	1
Counter and fish frying range cleansed	1
Food shops cleansed	6
Offensive accumulations removed	2
Shop walls and ceiling painted with washable paint	6

Defective lavatory basin renewed	1
Walls of preparation room repainted with washable paint.....	10
Walls cement rendered	8
Ceilings underdrawn	6
New glazed sinks provided	4
New baking oven provided	1
Ceilings of preparation room painted with washable paint	1
Dilapidated door renewed	1
Instantaneous hot water supply provided	21
Walls of preparation room and bakehouse tiled	2
Plaster walls replastered	8
Plaster ceilings repaired	5

Factories.

Conveniences cleansed	18
Conveniences linewashed	5
Conveniences labelled as to sex	9
Artificial light provided	2
Door provided to sanitary conveniences	1
Door fasteners provided	9

Shops Act, 1934.

Burst water pipe repaired	1
---------------------------------	---

Smoke Abatement.

Pre-heater fitted to secondary air inlet on vertical boiler	1
---	---

HOUSING STATISTICS, 1950.

1. Inspection of dwelling houses during the year.

- (1) (a) Total number of dwelling houses inspected for housing defects (under Public Health and Housing Acts) 924
- (b) Number of inspections made for the purpose 1,124
- (2) (a) Number of dwellinghouses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations 14
- (b) Number of inspections made for the purpose 22
- (3) Number of dwellinghouses needing further action :—
 - (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation —

(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation	12
2. Remedy of defects during the year without service of formal notices.	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	712
3. Action under Statutory Powers during the year.	
A. Proceedings under Sections 9, 10 and 16 Housing Act, 1936.	
(1) Number of dwellinghouses in respect of which notices were served requiring repairs	1
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—	
(a) By owners	1
(b) By Local Authority	—
B. Proceeding under Public Health Acts.	
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	35
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(a) By owners	30
(b) By Local Authority in default of owners	1
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.	
(1) Number of representations, etc., made in respect of dwellinghouses unfit for habitation	—
(2) Number of dwellinghouses in respect of which demolition orders were made	—
(3) Number of dwellinghouses demolished in pursuance of Demolition Orders	—
D. Proceedings under Section 12 of the Housing Act, 1936.	
(1) Number of separate tenements or underground rooms, in respect of which Closing Orders were made	—
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	—

4. Housing Act, 1936 — Part IV — Overcrowding.

(a) Number of new cases of overcrowding reported during the year	.....	.....	.....	.....	.....	1
(b) Number of cases of overcrowding relieved during the year	.....	.....	.....	.....	.....	25
(c) Number of persons concerned	.....	.....	.....	.....	.....	118

HOUSING ACT, 1949 — Section 20.

During the year four applications were received for financial grants under the provisions of Section 20 of the Housing Act, 1949. Detailed reports of the properties were presented to the Housing Committee.

In 3 cases the applications were not approved by the Housing Committee but in the fourth case, although the application was supported, in view of the fact that the owners had begun the work prior to the improvement grant being made, the application was rejected.

PUBLIC CLEANSING SERVICE.

The Health and Cleansing Committee is responsible for the cleansing and disposal of Privy Middens, Dustbins, Cesspools and Pail Closets and for the collection and subsequent disposal of salvage, the cleansing and maintenance of Public Sanitary Conveniences, and the humane destruction of domestic animals.

The Department is also entirely responsible for the maintenance and control of the Departmental Transport.

(1) Storage.

The following are the types of receptacles in use at the 31st March, 1951 :—

Dustbins	.....	.....	.....	.....	.....	10,412
Privy Middens	.....	.....	.....	.....	.....	90
Pail Closets	.....	.....	.....	.....	.....	188

The great majority of privy middens and pail closets are situate in the areas where no public sewers or public water supplies are available.

A comprehensive survey of all refuse receptacles was undertaken by the Department during the year and as a result 341 dilapidated dustbins were renewed and 113 additional dustbins provided. The survey was undertaken with a view to the adoption of a Municipal Dust Bin Scheme, the cost of which was to have

been a rate borne service. In view of the fact that the manufacture of galvanized iron bins was prohibited by order of the Board of Trade in March, 1951, the scheme has been postponed for the time being.

(2) Refuse Collection Service.

The following table gives the number and types of receptacles cleansed, loads collected and tonnage :—

1950-51.									
Dustbins	...	...	...	...	...	...	...	...	284,505
Privy Middens	...	...	...	...	...	...	...	...	1,885
Pail Closets	...	...	...	...	...	...	...	...	10,262
Kitchen Waste Bins	...	...	...	...	...	...	...	...	25,638
Weight in Tons	...	...	...	...	...	...	...	...	9,294

The following table gives the particulars of collection by the various vehicles :—

(3) Transport.

Vehicle.		Weights.		
		T.	C.	Q.
S.D. Freighter 9	...	1,543	3	0
Morris 10	...	179	10	0
S.D. Freighter 19	...	2,055	15	0
S.D. Freighter 18	...	2,010	4	0
Bedford 12	...	401	2	1
Dennis 14	...	2,020	3	0
Morris 15	...	375	3	0
Austin 17	...	213	17	2
Bedford 16	...	495	14	2
Total		9,294	12	1

LETHAL CHAMBER.

237 dogs and 164 cats were humanely destroyed in the electrical lethal chamber and the chloroform lethal chamber provided by the Royal Society for the Prevention of Cruelty to Animals.

REFUSE DISPOSAL.

Two methods of refuse disposal are in operation in the Borough, namely mechanical separation and controlled tipping. Approximately 55% of the refuse collected was disposed of by the former method and 41% was disposed of by controlled tipping. In

addition, kitchen waste, which is separately collected from 405 communal bins, amounting to 340 tons, was delivered, under direction from the Ministry of Agriculture, to the Halifax Corporation.

The amounts of refuse disposed of and the method of disposal are as follows :—

			T.	C.	Q.	Per cent.
1. Kitchen Waste—						
Delivered to Halifax Cleansing Department for processing	...	...	...	...	...	340 8 1 3.6%
2. Mechanical Separation—						
Refuse delivered to Refuse Disposal Works	...		5,125	2	2	55.2%
3. Controlled Tipping—						
Bailiff Bridge Tip	...	...	...	...	...	3,295 1 2 35.5%
Southowram Tip	...	...	...	...	...	534 0 0 5.7%
			9,294	12	1	

The controlled tips at Bailiff Bridge and Marsh Lane, Southowram, have been well maintained throughout the year, and as on former occasions, liberal cover in the form of screened dust from the Refuse Disposal Works has been available.

At the Refuse Disposal Works the main road leading to the Works and Garages has been re-made during the year at a cost of £215, and further road works are contemplated during the present financial year.

It is again very gratifying to record that the revenue from salvage sales realised more than the costs of refuse disposal, and a credit balance of £855 was realised. Brighouse is one of the very few towns in the County where such results appertain. Salvage has certainly paid in this Borough.

REVENUE FROM SALES.

The following is a detailed list of the Department's revenue obtained during the year :—

					T.	C.	Q.	£	s.	d.
(a) Refuse Collection :—										
Trade Refuse Charges	...	...	...	...				148	6	0
(b) Refuse Disposal :—										
Receipts	...	...	...	...				14	13	3
Sundries	...	...	...	...				4	15	0
(c) Salvage :—										
Baled Paper and Strawboard	...	...	...	...	447	2	1	3,154	14	9
Kitchen Waste	...	...	...	...	342	2	3	940	17	6
Textiles	...	...	...	...	39	4	2	473	15	1
Black Scrap	...	...	...	...	21	6	1	49	1	7
Baled Tins	...	...	...	...	75	2	2	116	11	8
Non Ferrous Metals	...	...	...	...	2	7	2	146	8	11
Bones	...	...	...	...	1	1	0	6	0	9
Screened Cinder	...	...	...	...	305	17	0	85	1	9
Screened Dust	...	...	...	...	15	0	0	7		6
Cullett	...	...	...	...	18	14	0	34	1	6
Rubber	...	...	...	...	1	9	0	3	4	6
Waste Paper Bonus	...	...	...	...				160	15	0
(d) Mechanical Transport :—										
Hire of Vehicles	...	...	...	...				165	0	0
(e) Miscellaneous :—										
Sale of Dustbins	...	...	...	...				541	5	0
Lethal Chamber Receipts	...	...	...	...				28	5	9
Totals				...	1,269	6	3	£6,073	5	6

**DETAILS OF REFUSE DISPOSAL AND SALVAGE COSTS,
1st APRIL, 1950, to 31st MARCH, 1951.**

Refuse Disposal and Salvage.					£	s.	d.
Wages .....	.....	.....	.....	.....	2,106	19	7
Superannuation .....	.....	.....	.....	.....	63	3	3
National Insurance .....	.....	.....	.....	.....	75	12	9
Rents, Rates and Insurance .....	.....	.....	.....	.....	171	19	1
Repairs .....	.....	.....	.....	.....	232	19	0
Plant, Tools, etc. ....	.....	.....	.....	.....	118	5	7
Electricity .....	.....	.....	.....	.....	76	9	1
Lighting, Water and Gas .....	.....	.....	.....	.....	41	12	10
Loan Charges, etc.—							
Sinking Fund .....	.....	.....	.....	.....	156	0	0
Interest .....	.....	.....	.....	.....	86	15	7
Protective Clothing .....	.....	.....	.....	.....	12	6	6
Miscellaneous .....	.....	.....	.....	.....	36	9	7
Road Works .....	.....	.....	.....	.....	215	0	0
					<hr/>		
Gross Costage .....	.....	.....	.....	.....	3,393	12	10
Revenue from Salvage Sales .....	.....	.....	.....	.....	4,249	11	3
					<hr/>		
Credit Balance .....	.....	.....	.....	.....	£855	18	5
					<hr/>		

BOROUGH OF BRIGHOUSE.

DETAILS OF PUBLIC CLEANSING COLLECTION COSTS — 1st APRIL, 1950, to 31st MARCH, 1951.

	Dry Refuse Collection.			Collection. Kitchen Waste			Nightsoil and Cesspools Collection.			Total Collection Costs.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Wages	4533	14	1	236	17	0	240	1	3	5010	12	4
National Insurance	233	13	8	22	10	0	23	6	8	279	10	4
Superannuation	171	5	3	12	18	7	25	5	2	209	9	0
Drivers' Wages	2215	7	4	258	11	5	265	1	9	2739	0	6
Repairs	462	17	10	75	0	0	35	0	0	572	17	10
Petrol and Oils	953	16	0	119	4	7	119	4	4	1192	4	11
Licences and Insurance	355	17	9	25	0	0	26	0	0	406	17	9
Vehicle Depreciation	600	0	0	—	—	—	100	0	0	700	0	0
Garage Equipment Depreciation	34	0	0	—	—	—	—	—	—	34	0	0
Garage Depreciation	40	0	0	—	—	—	—	—	—	40	0	0
Waste Food Bins	—	—	—	69	10	3	—	—	—	69	10	3
Waste Food Bins Depreciation and Steaming	—	—	—	80	0	0	—	—	—	80	0	0
Tools, Implements, etc.	11	14	11	—	—	—	22	16	0	34	10	11
Protective Clothing	80	9	0	2	16	0	2	16	0	86	1	0
Disinfectants	—	—	—	—	—	—	44	2	8	44	2	8
Dustbins	510	9	0	—	—	—	—	—	—	510	9	0
Cesspool Emptying	—	—	—	—	—	—	29	5	3	29	5	3
Sundry Expenses	18	12	1	—	—	—	—	—	—	18	12	1
Gross Cost	10221	16	11	902	7	10	932	19	1	12057	3	10
Receipts	855	11	0	940	17	6	9	10	0	1805	18	6
Nett Cost	9366	5	11	Cr. 38	9	8	923	9	1	10251	5	4

BOROUGH OF BRIGHOUSE — CLEANSING DEPARTMENT. PUBLIC CLEANSING COSTS FOR YEAR ENDING 31st MARCH, 1951.

Item.	Particulars.	Refuse Collection.		Refuse Disposal.		Total.	
		Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.	Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.	Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
REVENUE ACCOUNT.							
A.	Gross Expenditure	11124 4 9	10370 4 9	3393 12 10	3150 17 3	14517 17 7	13521 2 0
B.	Gross Income	1796 8 6	1796 8 6	4249 11 3	4249 11 3	6045 19 9	6045 19 9
C.	Net Cost	9327 16 3	8573 16 3	Cr. 855 18 5	Cr. 1098 14 0	8471 17 10	7475 2 3
UNIT COST.							
D.	Gross Expenditure per ton ...	1 3 11.2	1 2 3.8	7 3.6	6 9.3	1 11 2.8	1 9 1.1
E.	Gross Income per ton ...	3 10.4	3 10.4	9 1.7	9 1.7	13 0.1	13 0.1
F.	Net Cost per ton	1 0 0.8	18 5.4	Cr. 1 10.1	Cr. 2 4.4	18 2.7	16 1.0
G.	Net Cost per 1,000 population	303 14 2.9	279 3 2.3	Cr. 27 17 5.6	Cr. 35 15 8.7	275 16 9.3	243 7 5.6
H.	Net Cost per 1,000 houses or premises from which Refuse is collected ...	741 3 11.9	681 5 8.8	Cr. 67 4 5.4	Cr. 87 6 6.2	673 19 6.5	593 19 2.6

1. Total Refuse in tons 9294 tons.
2. Population 30710
3. Area 7875 acres.
4. Weight per 1,000 population per day in cwt. 16.06 cwt.
5. Number of Houses and Premises 12585
6. Average Length of Haul 1.75 miles.
7. Method of Collection—Motor Transport 100 per cent.
8. Method of Disposal—Controlled Tipping 41 per cent.
- Separation and Incineration 55 per cent.
- Kitchen Waste 4 per cent.

PUBLIC SANITARY CONVENIENCES.

The Department is responsible for the cleansing and maintenance of all Public Conveniences.

The following is a complete list of Public Conveniences in the Borough :—

Situation.	Accommoda- tion for Females.	Accommodation for Males.
Back Bonegate	5 W.C.'s	5 W.C.'s 9 urinal stalls.
Bradford Road	2 W.C.'s	1 W.C. 4 do.
Bramston Street	2 W.C.'s	1 W.C. 4 do.
Birds Royd Lane	Nil.	1 W.C. 4 do.
Mill Lane	Nil.	Nil. 4 do.
Rastrick Common	Nil.	Nil. 4 do.
Crowtrees Lane	Nil.	Nil. 3 do.
Dusty Miller Inn, Halifax Road	Nil.	1 W.C. 3 do.
Whitehall, Hipperholme	Nil.	Nil. 3 do.
Stray, Lightcliffe	2 W.C.'s	2 W.C.'s 3 do.
Bailiff Bridge	1 W.C.	1 W.C. 3 do.
Clifton Road	Nil.	Nil. 3 do.
Rydings Park	3 W.C.'s	2 W.C.'s 3 do.
Rastrick Library	Nil.	Nil. 2 do.
Wellholme Park	4 W.C.'s	2 W.C.'s 6 do.
Lane Head Recreation Ground	2 W.C.'s	2 W.C.'s 1 do.
King George V. Memorial Park	1 W.C.	1 W.C. Nil.

The cost of the service for the year ending 31st March, 1951, was as follows :—

	£	s.	d.
Wages and National Insurance	721	5	7
Superannuation Contributions	54	0	8
Rents and Insurance	14	18	5
Heating, Lighting and Cleansing	150	5	6
Repairs	132	17	4
Toilet Requisites	18	6	0
Loan Charges—Sinking Fund Contributions	134	3	6
Gross Cost	1225	17	0
Fees, etc.	141	5	0
Nett Cost	£1084	12	0

Brighouse :
Smith, Hodgson & Co. (Printers) Ltd.
Park Row